

Name
in
Full

Iron Henry Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Oct</i>	Day <i>21</i>	Age <i>3</i> Years	Months <i>11</i>	Days <i>8</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Frederick Md.</i>		
Married, Single or Widowed <i>X</i>			Occupation <i>X</i>		
Name of Wife or Husband <i>X</i>					
Father's Name <i>John H. Adams</i>			Father's Birthplace <i>Frederick Md</i>		
Mother's Maiden Name			Mother's Birthplace <i>Frederick Md</i>		
Name of person giving information <i>John H. Adams</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>1 month</i>
Immediate <i>Paralysis</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. S. Hammond</i>
	Address <i>17 Second St. W.</i>
Accident or Suicide? <i>X</i>	



Name
in
Full

Franklin H. Albaugh

CERTIFICATE OF DEATH

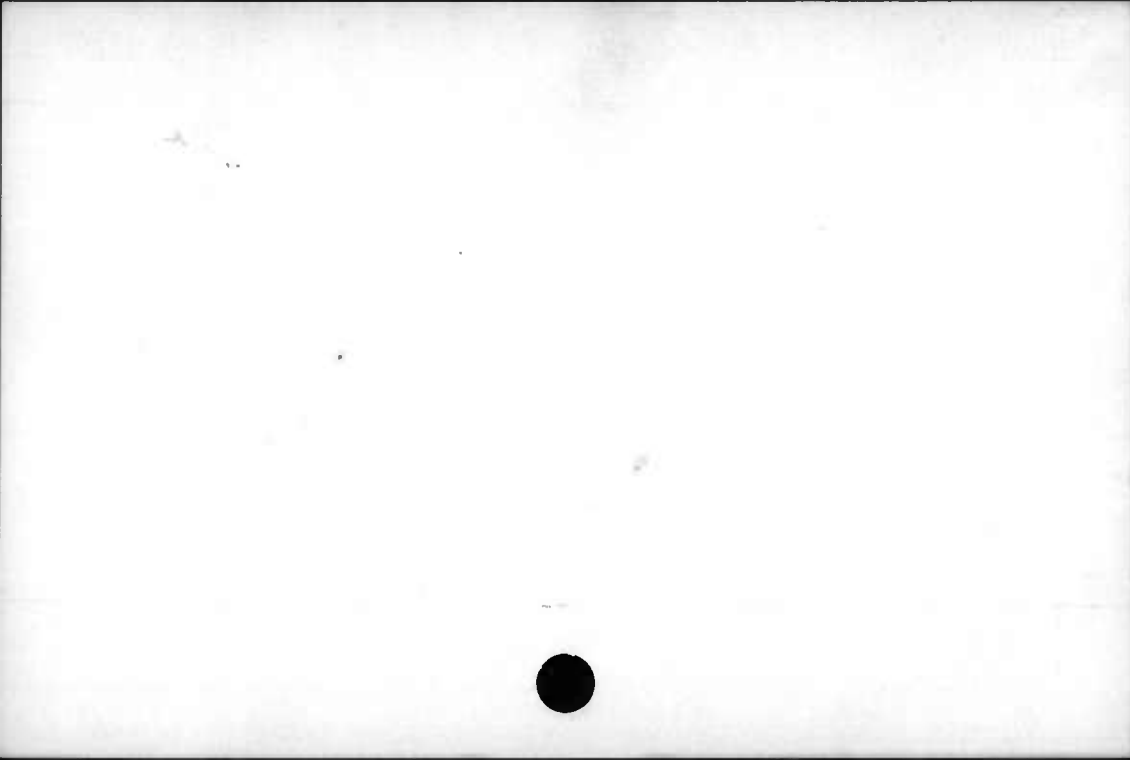
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death 190	3	Month <i>Oct</i>	Day <i>24</i>	Age <i>6</i>	Years	Months <i>7</i>	Days <i>20</i>
Sex <i>Male</i>		Color or Race <i>white</i>		Birth- place			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name <i>Lygon W. Albaugh</i>				Father's Birthplace			
Mother's Maiden Name <i>Catherine L. Albaugh</i>				Mother's Birthplace			
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Laryngeal Diphtheria</i>	How long <i>Few days</i>
Immediate <i>Choking</i>	How long <i>Short while</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. Goodman, M.D.</i>
	Address <i>Castle Bldg</i>
Accident or Suicide?	



Name in Full		Town				County				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Frederick</i>				<i>Frederick</i>				MARYLAND			
		Date of death 190 <i>3</i>		Month <i>10</i>		Day <i>22</i>		Age <i>54</i>		Months <i>—</i>		Days <i>16</i>	
		Sex <i>Male</i>				Color or Race <i>White</i>				Birth-place <i>Ind.</i>			
		Married, Single or Widowed <i>Married</i>				Occupation <i>Retired</i>							
		Name of Wife <i>Emma J. Beeler</i>											
		Father's Name <i>David Beeler</i>				Father's Birthplace <i>Ind.</i>							
		Mother's Maiden Name <i>Magdalene Huffer</i>				Mother's Birthplace <i>Ind.</i>							
		Name of person giving information <i>Roy A. Beeler</i>				How related to deceased <i>Son</i>							
CAUSES OF DEATH													
PHYSICIAN OR CORONER		Primary <i>Chronic Bright's Disease</i>						How long <i>4 years</i>					
		Immediate <i>Asthma & Cornea</i>						How long <i>3 or 4 weeks</i>					
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>						Signature of Physician <i>S. J. Huffer</i>					
								Address <i>Frederick Ind.</i>					
		Accident or Suicide? <i>—</i>											



Name in Full

Certificate of Death

Heathie Biggers

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Unionville Frederick

Age 28

6

9

Housekeeper

~~Male~~~~White~~

Married

Widow

Divorced

Female

Colored

~~Single~~

Widower

Number of children living

7

Husband
of

Wife

Father's

Name

Maest Biggers

Mother's

Maiden Name

Francis Brown

Cause of

Primary

Consumption

How long sick

Two years

Death

Immediate

Accident, Suicide, Homicide

Reported by

M. Whitehill & M. D.

Address

Unionville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

Rachel Blackburne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Emmitsburg ^{County} Frederick

MARYLAND

Date of death 1903 ^{Month} October ^{Day} 30th ^{Years} Age 86 ^{Months} 4 ^{Days}

Sex Female ^{Color or Race} White ^{Birth-place} Maryland

Married, Single or Widowed Single ^{Occupation} Religious

Name of Wife or Husband

Father's Name Uriah Blackburne ^{Father's Birthplace} Maryland

Mother's Maiden Name Margaret Coulson ^{Mother's Birthplace} Maryland

Name of person giving information Benecnie Orndorff ^{How related to deceased} None

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Softening of the Brain ^{How long} Seven Months

Immediate Paralysis of the Brain ^{How long} One Day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician John B. Brannan

Address Emmitsburg Md.

Accident or Suicide?



Name in Full

Certificate of Death

Miss Martha Bowles.

Died at

Town
FrederickCounty
Frederick

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Oct 20

Age

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of

X

Wife

Father's

Mother's

Name

Maiden Name

93

Cause of

Primary

Pneumonia

Death

Immediate

Pharynx

How long sick

1 week

~~Accident, Suicide, Homicide~~

Reported by

J. S. Magwood M.D.

Address

17 Second St W.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name
in
Full

Rebecca Biehl

CERTIFICATE OF DEATH

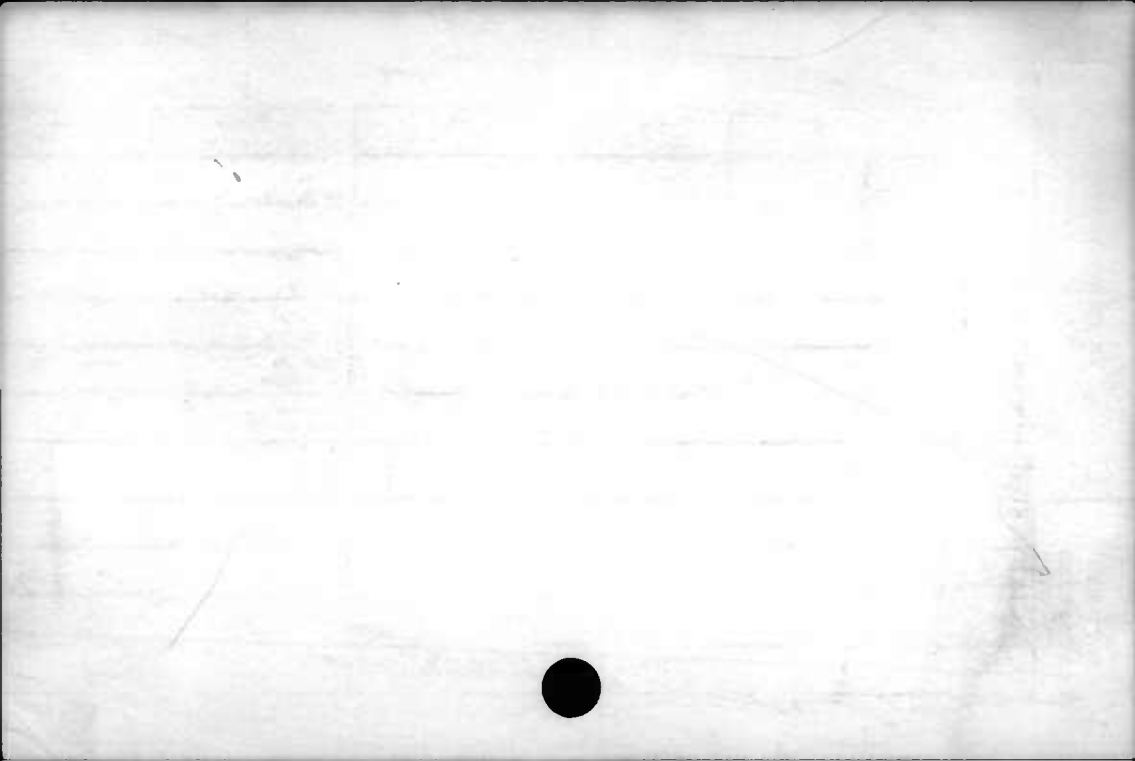
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ladiesburg</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death 190	<i>3</i>	Month	<i>Oct</i>	Day	<i>11</i>
Age	<i>74</i>	Years	<i>2</i>	Months	<i>15</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Tammytown</i>
Married, Single or Widowed		Occupation <i>Retired</i>			
Name of Wife or Husband <i>David Biehl</i>					
Father's Name <i>John White</i>				Father's Birthplace	
Mother's Maiden Name <i>Mary E. Stultz</i>				Mother's Birthplace	
Name of person giving information <i>John Biehl</i>				How related to deceased <i>Bro-in-law</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Hernia - (Strangulated)</i>	How long	<i>2 Weeks</i>
Immediate	<i>Peritonitis</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>C. H. Diller</i>	
<i>Yes</i>		Address <i>D. O. Green -</i>	
Accident or Suicide?		<i>Maryland -</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Eliza Ann Cartmale</i>		Town <i>near Middleton</i>		County <i>Frederick</i>		MARYLAND	
Died at <i>near Middleton</i>		Month <i>Oct</i>		Day <i>8</i>		Years <i>85</i>	
Date of death 190 <i>3</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Ind</i>			
Married, Single or Widowed <i>Widow</i>		Occupation <i>housewife</i>					
Name of Wife or Husband <i>David Cartmale</i>							
Father's Name <i>— Smith</i>		Father's Birthplace <i>unknown</i>					
Mother's Maiden Name <i>could not tell</i>		Mother's Birthplace <i>unknown</i>					
Name of parson giving information <i>Peter Cartmale</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>Old age</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>m Physician in attendance</i>	
		Address <i>Marshall Gate Hill</i>	
Accident or Suicide?			



Name
in
Full

America Chaimney

CERTIFICATE OF DEATH

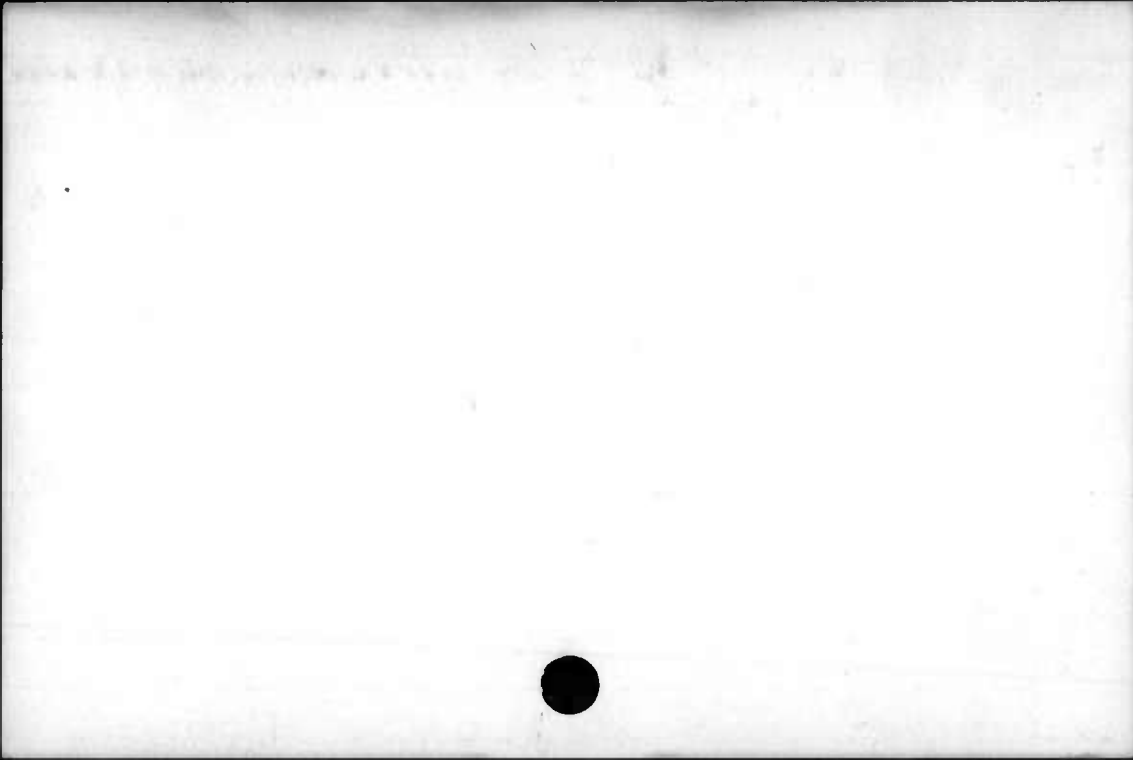
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Induich</i> ^{Town} Ind		<i>Induich</i> ^{County}		MARYLAND	
Date of death 1903	<i>ooh</i> ^{Month}	<i>21</i> ^{Day}	Age <i>65</i> ^{Years}	Months	Days
Sex <i>Female</i>	Color or Race <i>colord.</i>		Birth-place <i>Prolesville Md</i>		
Married, Single or Widowed <i>Widow</i>			Occupation <i>Servant.</i>		
Name of Wife or Husband <i>Isaac Chaimney</i>			<i>174</i>		
Father's Name <i>Frank Davis</i>			Father's Birthplace <i>Marygro Co Md.</i>		
Mother's Maiden Name <i>Annii Daffin</i>			Mother's Birthplace <i>Marygro Co Md.</i>		
Name of person giving information <i>George Davis</i>			How related to deceased <i>Brother</i>		

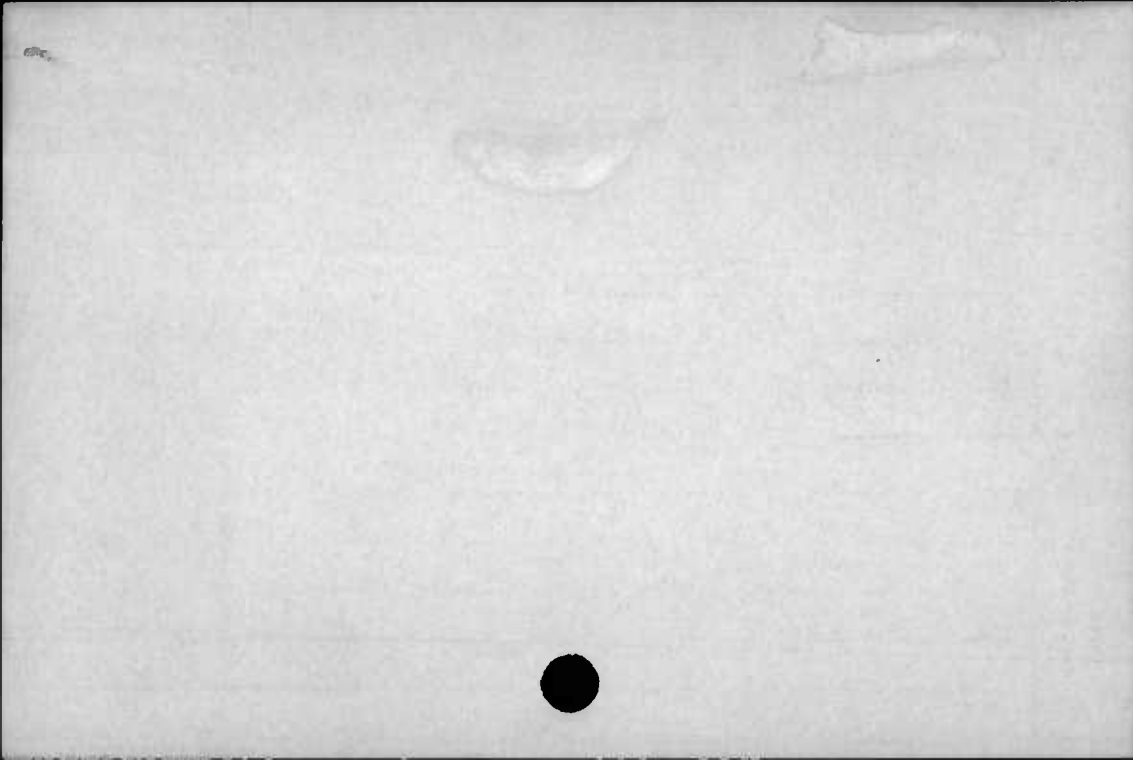
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Stomach - Gas Poisoning</i>	How long <i>Six or eight hours.</i>
Immediate <i>Pulmonary Oedema.</i>	How long <i>Five or six hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>J. B. Johnson</i>
	Address <i>Induich Md.</i>
Accident or Suicide?	



Name in Full		George Lee Cook				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>near Jefferson</i>		Town <i>Frederick</i>		County <i>Frederick</i>		State <i>MARYLAND</i>
	Date of death <i>1903</i>	Month <i>Oct.</i>	Day <i>30</i>	Age <i>34</i>	Years <i>8</i>	Months	Days
	Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Frederick Co., Md.</i>			
	Occupation <i>Same laborer</i>		Where Residing if not at place of death				
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Florence H. Stockman</i>					
	Father's Name				Father's Birthplace		
	Mother's Maiden Name				Mother's Birthplace		
	Name of person giving information				How related to deceased		
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary <i>Pulmonary Tuberculosis</i>				How long <i>about one year</i>		
	Immediate <i>Athermia</i>				How long		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>J. O. Hendrix, M.D.</i>		
					Address <i>Frederick, Md.</i>		
	Accident or Suicide? -						



Name
in
Full

Amelia Cramer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Haltersville</i> ^{Town}		<i>Fredk.</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>10</i>	Day <i>22</i>	Age <i>54</i> ^{Years}	Months	Days
Sex <i>female</i>	Color or Race <i>white</i>	Birth-place <i>Haltersville</i>			
Married single or <i>Widowed</i>	Occupation <i>housewife</i>				
Name of Wife or Husband <i>Ezra D Cramer.</i>					
Father's Name <i>Randolph Dedman</i>			<i>64</i>	Father's Birthplace <i>Haltersville Co.</i>	
Mother's Maiden Name <i>Julia Tugenebel</i>				Mother's Birthplace <i>Co.</i>	
Name of person giving information <i>J. D. Nicodemus</i>				How related to deceased <i>is now in.</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral hemorrhage</i>	How long <i>57 month</i>
Immediate <i>Exhaustion, due to gangrenous affection</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. D. Nicodemus M.D.</i>
	Address <i>Haltersville Md.</i>
Accident or Suicide?	



Name
in
Full

Susan Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died near <u>Charmont</u> Town		<u>Frederick</u> County		MARYLAND	
Date of death 1903	Month <u>Oct</u>	Day <u>18</u>	Age <u>43</u> Years	Months <u>6</u>	Days <u>22</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Ind</u>		
Married, Single or Widowed <u>Widow</u>			Occupation <u>Housewife</u>		
Name of Wife or Husband <u>George Davis</u>					
Father's Name <u>Solomon Michide</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Susan</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Jacob Davis</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Epithelioma of Lip & Bright's Disease</u>	How long
Immediate <u>Uremia</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>E. C. Kefauver</u>
	Address <u>Charmont</u>
Accident or Suicide?	<u>Maryland</u>



Name
in
Full

Margaret Elizabeth Le Grange

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near Adams town</i>		County <i>Frederick</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Oct</i>	Day <i>14</i>	Age	Years	Months <i>6</i> Days <i>21</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Henry Le Grange</i>			Father's Birthplace <i>MD</i>		
Mother's Maiden Name <i>Ann Myers</i>			Mother's Birthplace <i>MD</i>		
Name of person giving information <i>Ann Myers</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Macasmus followed by</i>	How long <i>Since birth</i>
Immediate <i>Infantile paralysis</i>	How long <i>12 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Clyde Ruckman</i>
	Address <i>Buckley, Tenn</i>
Accident or Suicide?	



Name
in
Full

Paul De Grange

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near Stella</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death 1903	Month <i>Oct</i>	Day <i>6</i>	Age <i>10</i>	Years <i>8</i>	Months <i>17</i>	Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>Single</i>		Occupation					
Name of Wife or Husband							
Father's Name <i>Henry De Grange</i>				Father's Birthplace <i>MD</i>			
Mother's Maiden Name <i>Anna Myers</i>				Mother's Birthplace <i>MD</i>			
Name of person giving information <i>Sam M. De Grange</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Leucemia</i>	How long <i>4 m</i>
Immediate <i>Hemiplegia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>T. Clyde Kautzman</i>
	Address <i>Brickley, Conn</i>
Accident or Suicide?	



Name

in
Full

Susan Eichelberger

CERTIFICATE OF DEATH

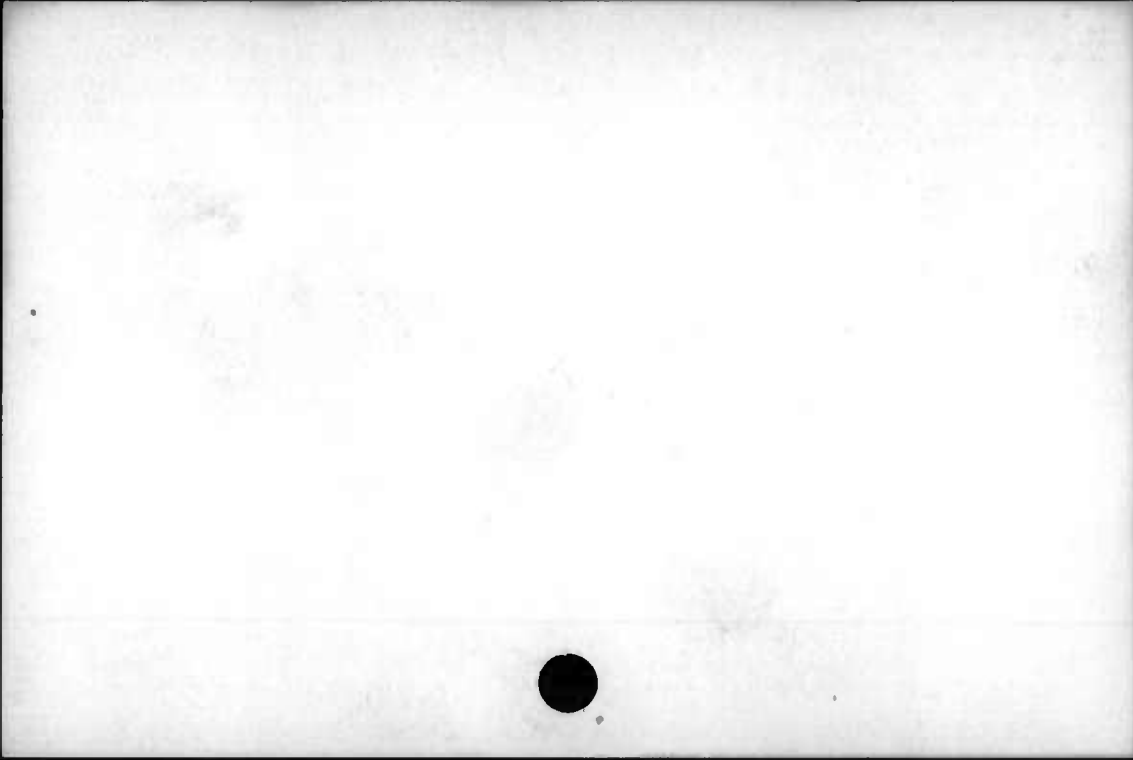
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death 1903	Month <i>10</i>	Day <i>2</i>	Age	Years <i>82</i>	Months —	Days —	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Pa</i>				
Married, Single or Widowed <i>Single</i>			Occupation <i>House Keeper</i>				
Name of Wife or Husband —							
Father's Name <i>Adam Eichelberger</i>					Father's Birthplace <i>Germany</i>		
Mother's Maiden Name —					Mother's Birthplace —		
Name of person giving In formation <i>Frank Baumer</i>					How related to deceased <i>None</i>		

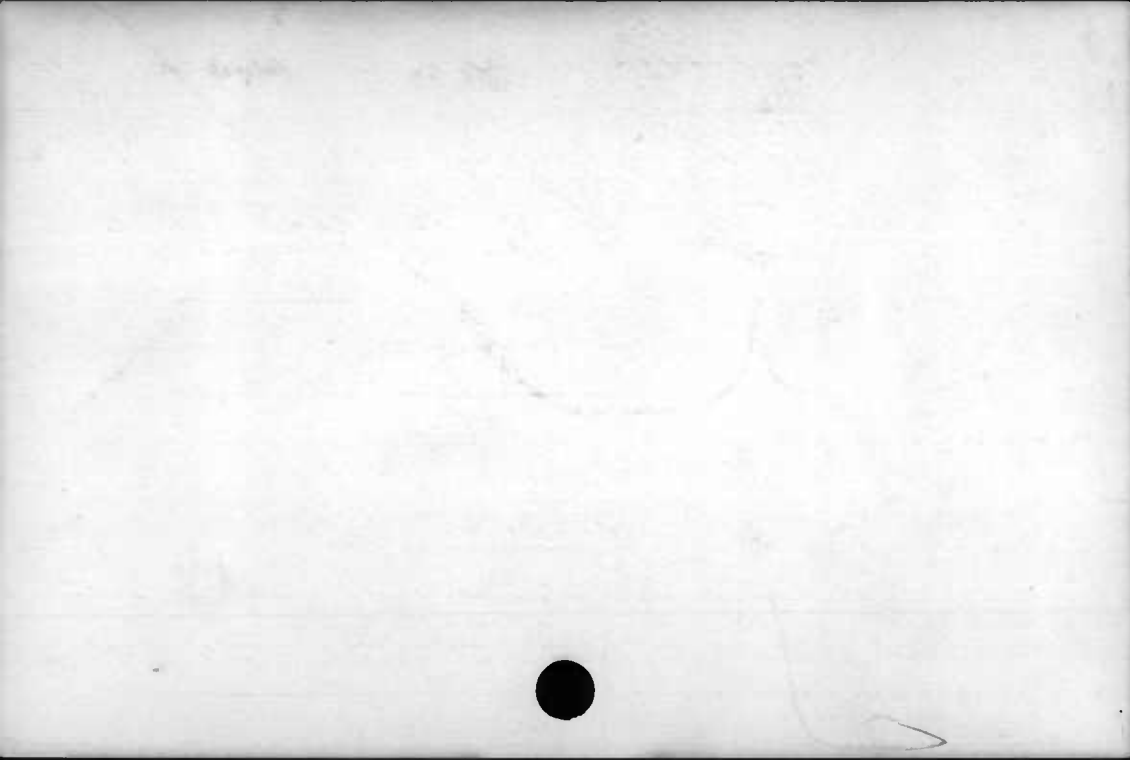
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Old Age</i>	How long	<i>5 years</i>
Immediate	<i>General Debility</i>	How long	<i>Months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>None in attendance</i>	
		Address <i>A. T. Price</i>	
Accident or Suicide?		<i>Funeral Directors</i>	



Name in Full		Eliaboth A (Schell) Eutz				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died <i>near Frederick</i>		Town <i>Frederick</i>		County		
		Date of death 1903		Month 10	Day 10	Years 65	Months	Days
		Sex Female		Color or Race White		Birth-place Md		
		Married, Single or Widowed Widow		Occupation				
		Name of Wife or Husband Andrew Eutz		Father's Name Joseph Schell 79		Father's Birthplace Md		
		Mother's Maiden Name Sarah Ann Grabel		Mother's Birthplace Md		How related to deceased Mother		
		Name of person giving information Benjamin Schell						
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary (Mitral Insufficiency) Heart				How long Six months		
		Immediate Mental Shock				How long		
		Are the name, age, sex, color, date and place correctly given above? Yes				Signature of Physician W. Crawford Johnson		
		Accident or Suicide?				Address Frederick Md.		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Julia A. R. Etchison</i>		Town <i>Jefferson</i>		County <i>Frederick</i>		State <i>MARYLAND</i>	
Died at		Date of death 1903		Age		Months	
		<i>Oct.</i>		<i>21st</i>		<i>8</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Years <i>76</i>		Days <i>24</i>	
Married, Single or Widowed <i>Widow</i>		Birth-place <i>Frederick Co.</i>		Occupation <i>—</i>			
Name of Wife or Husband <i>J. Garrison Etchison</i>		Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information <i>M. R. Etchison</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute. Sclerosis, Chronic Bronchitis</i>		How long <i>2 weeks</i>	
Immediate <i>Asphyxia</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. R. Brown</i>	
		Address <i>Jefferson, Maryland</i>	
Accident or Suicide? <i>—</i>			

2

Name in Full

Certificate of Death

Lewis Thomas Etzler

Town

County

Died at

MARYLAND

Date

1903

Month

Day

4th

Y.

M.

D.

Native of

Occupation

Age

18-4-25

Md

Farmer

Male

White

~~Married~~~~Widow~~

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband
ofFather's
Name

Chas E. Etzler

Mother's
Name

Homer Appleby

Cause of

Primary

How long sick

Death

Immediate

Bullet wound of brain

~~Accident~~, Suicide, ~~Homicide~~

Reported by

Otis B. Hoice M. D.

Address

Liberty Town Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name
in
Full

Chas. Evers.

CERTIFICATE OF DEATH

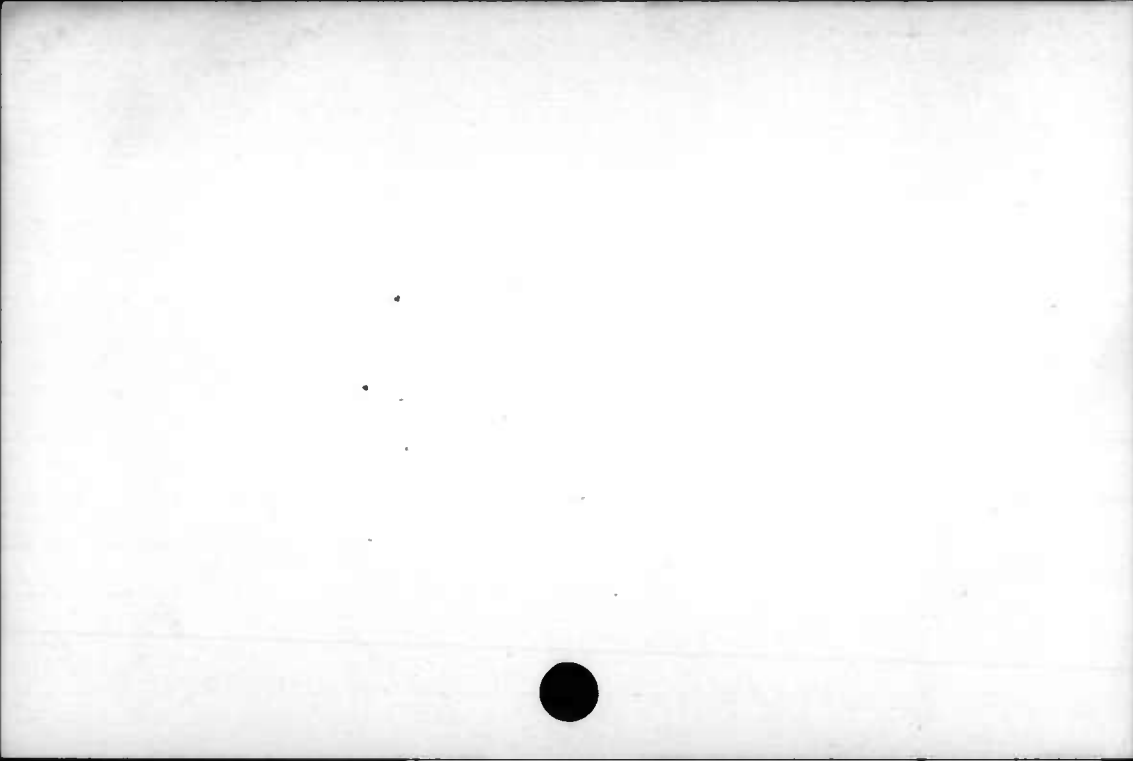
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Halkersville</i>		Town		<i>Frederick</i>		County		MARYLAND	
Date of death 1903	Month <i>10</i>	Day <i>7</i>	Age <i>33</i>	Years	Months	Days			
Sex <i>male</i>	Color or Race <i>white.</i>		Birth- place <i>Halkersville.</i>						
Married, Single or Widowed			Occupation <i>Labner</i>						
Name of Wife or Husband									
Father's Name					Father's Birthplace				
Mother's Maiden Name <i>May Evers</i>					Mother's Birthplace				
Name of person giving In formation <i>J. D. McCodemus</i>					How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>4 weeks</i>
Immediate <i>intestinal hemorrhage</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. D. McCodemus M.D.</i>
	Address <i>Halkersville</i>
Accident or Suicide?	<i>Yhd.</i>



Name
in
Full

Mary Flook.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Burkittsville</i>		^{County} <i>Anne</i>		MARYLAND	
Date of death 190 <i>3</i>	^{Month} <i>Oct</i>	^{Day} <i>30</i>	^{Age} <i>76</i>	^{Years}	^{Months} <i>15</i>
Sex <i>Female</i>		Color or Race <i>White</i>	Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Widow</i>		Occupation <i>Housewife</i>			
Name of Wife or Husband <i>John Flook</i>					
Father's Name <i>Henry McBride</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Miss Goodman</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>John Flook</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senile Heart</i>	How long <i>In several years</i>
Immediate <i>Paralysis of Heart</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. H. Schuetz</i>
	Address <i>Burkittsville</i>
Accident or Suicide?	<i>Yes</i>



Name
in
Full

Annie Fowler

CERTIFICATE OF DEATH

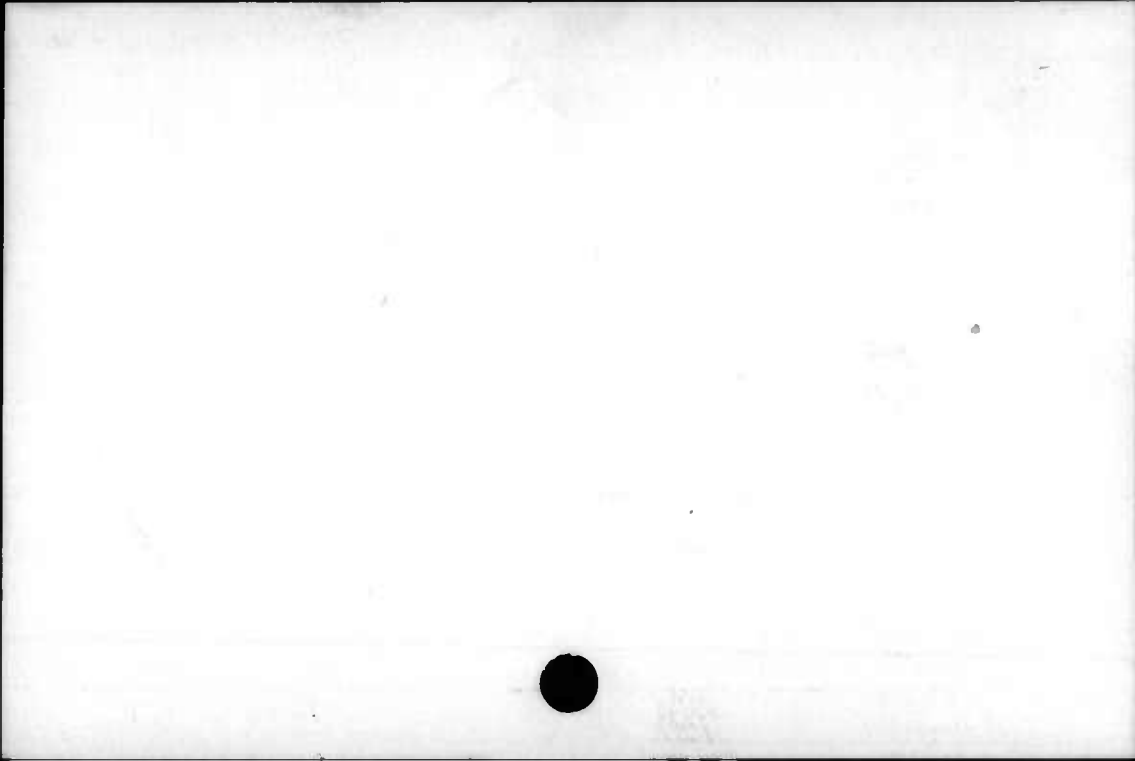
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Friedens		County Friedens		MARYLAND	
Date of death 190	3	Month 6	Day 6	Age 24	Years	Months 8	Days 28
Sex	Female		Color or Race	black		Birth- place	
Married or Widowed	Married		Occupation	H. wife			
Name of Wife husband	Charles H. Smith						
Father's Name	X	X	X	Father's Birthplace	X	X	
Mother's Maiden Name	X	X	X	Mother's Birthplace	X	X	
Name of person giving in formation	Charles H. Smith				How related to deceased	husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid fever		How long	14 days
Immediate	perforation of bowels		How long	10 hours
Are the name, age, sex, color, date and place correctly given above?	Y		Signature of Physician	J. A. Gray M.D.
			Address	7 E. Friedens city,
Accident or Suicide?	<u>Accident</u>			



Name

in
Full

Fanny Goings

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bartonsville</i>		County <i>Fredrick</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>10th</i>	Day <i>15th</i>	Age <i>26</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Ind</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>Domestic</i>				
Name of Wife or Husband <i>William Goings</i>					
Father's Name <i>John Goings</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>William Goings</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Phthisis</i>	How long <i>Several months</i>
Immediate <i>Exhaustion</i>	How long <i>Several days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr U J Bourn</i>
	Address <i>130 South St - Fredrick</i>
Accident or Suicide?	

Entered at Bartonville

" Oct 17 - 03

H T Rice & Son's.

Name In Full

Certificate of Death

Elija Jane Green

Died at ^{Town} Johnsville ^{County} Frederick MARYLAND

Date 1903 Oct. 6 Age 80 + + Native of Md. Occupation Ind. Housewife

Male ~~White~~ Married ~~Widow~~ Divorced
 Female Colored Single Widower

Number of children living 5

Husband of Not Known
 Wife Not Known
 Father's Name Not Known Mother's Maiden Name Unknown

Cause of Primary Infirmities of age How long sick about one year

Death Immediate Exhaustion Accident, Suicide, Homicide

Reported by Thomas P. Sappington M.D.
 Address Unionville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mahlon Grossnickle

Died at ^{Town} Ellerton ^{County} Frederick MARYLAND

Date 1903 ^{Month} Oct. ^{Day} 9 ^{Age} 70-8-6 ^{Y.} ^{M.} ^{D.} ^{Native of} Md. ^{Occupation} Farmer

Male ☐ White ☐ Married ☐ Widowed ☐ Divorced ☐
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living

Husband of Sarah Ellen Kesselring
 Wife of
 Father's Name Johnathan Grossnickle Mother's Maiden Name Mary Hauser

Cause of Death { Primary Immediate Tuberculosis Pulmonis } How long sick 3 yrs
 Accident, Suicide, Homicide

Reported by Ralph Browning
 Address Myersville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Nehemiah Green

Town

County

Died at

Pleasant Walk

Frederick

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903.

Oct. 23

Age 57 2-11

Md.

Farmer

Male

White

Married

~~Widow~~

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

7

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Anna M. Green 93

Isaac Green

Julian Alsip

Cause of

Primary

Pneumonia

How long sick

14 days

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Ralph Browning

Address

Myersville

Md.

Must be signed by physician, if any in attendance, otherwise by ar, undertaker or minister.



Lottie C. Hammond,

Died at *Weldon* ^{Town} *Fredericks* ^{County} **MARYLAND**

Date *1903* ^{Month} *10* ^{Day} *30* ^{Y.} *20* ^{M.} *9* ^{D.} *17* ^{Native of} *Ind.* ^{Occupation} *Cook*

~~Wife~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female **Colored** **Single** ~~Widow~~ ~~Number of children living~~

Husband of _____

Wife _____

Father's Name *Daniel Hammond* Mother's Name *Margaret Hammond*

Cause of Death { ^{Primary} *Consumption* ^{How long sick} *3 months*

^{Immediate} *Consumption* ~~Accident, Suicide, Homicide~~

Reported by *J. P. Watz & Sons Undertakers*

Address *Winfield Ind.*



Name
in
Full

Wesley Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bella</i> ^{Town}		<i>Fred</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Oct</i>	Day <i>11</i>	Age <i>3</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Negro</i>	Birth- place <i>md</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Richard Harris Jr</i>		Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Barton</i>		Mother's Birthplace <i>md</i>			
Name of person giving In formation <i>Richard Harris Sr</i>		How related to deceased <i>Grand father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Meningitis following injury to head</i>	How long <i>4 wks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Clyde Norton</i>
	Address <i>Buckley town Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

John T. Harrison

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Monteith Hospital		Frederick					
Date	Month	Day	Years	Months	Days		
of death 1903	Oct	24	63				
Sex	Male		Color or Race	White		Birth-place	Va.
Married, Single or Widowed	Married		Occupation	Tailor.			
Name of Wife or Husband	X						
Father's Name	X		79		Father's Birthplace	Va.	
Mother's Maiden Name	X				Mother's Birthplace	V	
Name of person giving Information					How related to deceased	V	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Throat Disease Malignant		How long	X
Immediate	Pulmonary Embolism		How long	1 month
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	S. S. Maynard	
JA		Address	17 Second St. W. Frederick Md.	
Accident or Suicide?				



Name
in
Full

David Stuffer.

CERTIFICATE OF DEATH

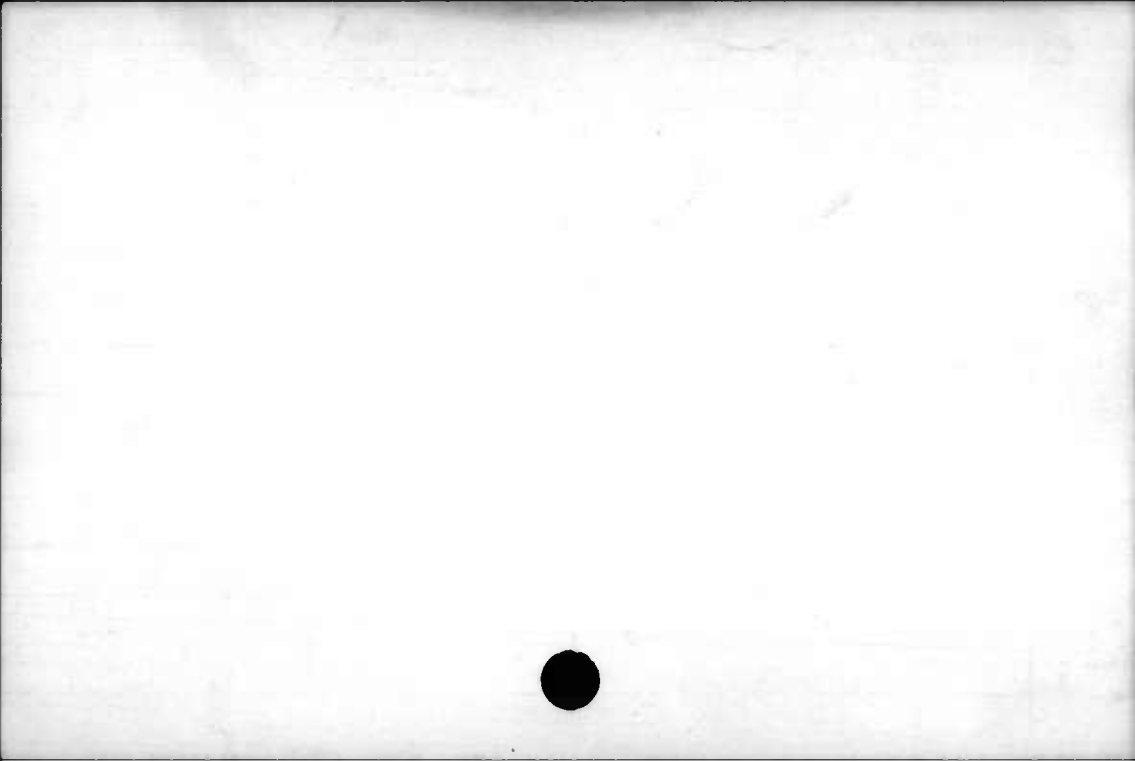
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Broad Run		Frederick		MARYLAND	
Date	Month	Day	Years	Months	Days		
of death 190	3	Oct.	30	Age	80	8	14
Sex	Male.		Color or Race	White.		Birth-place	Md.
Married, Single or Widowed	Widower			Occupation	Retired Farmer.		
Name of Wife or Husband	Anna Stuffer.						
Father's Name	Joseph Stuffer.				Father's Birthplace	Md.	
Mother's Maiden Name	Catherine Mullendon.				Mother's Birthplace	Md.	
Name of person giving information	Howard Stuffer.				How related to deceased	Son.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Paralysis of Brain.	Immediately.
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes.	C. H. Schiltrode
	Address
	Burkittsville.
Accident or Suicide?	Md.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Burkittsville</i> ^{County} <i>Frederick</i>		MARYLAND	
Date of death 190 ³ <i>Oct</i> ¹⁴ <i>Day</i> ⁴³ <i>Years</i>	⁸ <i>Months</i>	¹¹ <i>Days</i>	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>	
Married, Single or Widowed <i>married</i>	Occupation <i>Housewife</i>		
Name of Wife or Husband <i>William Karn</i>			
Father's Name <i>Peter White</i>	Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Lara House</i>	Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>William Karn</i>	How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>3 wks</i>
Immediate <i>Intestinal hemorrhage</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>George Yuley M.D.</i>
	Address <i>Burkittsville Md.</i>
Accident or Suicide?	



Name

in
Full

Thomas Rennie

CERTIFICATE OF DEATH

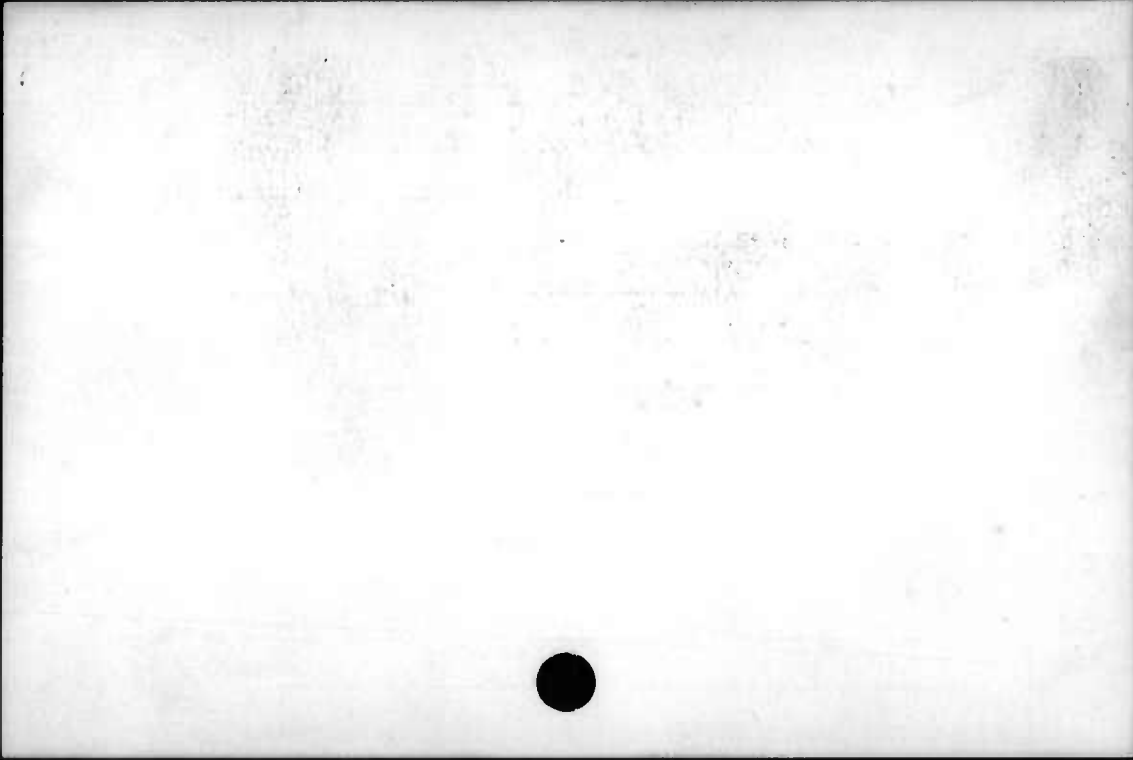
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frederick		County Frederick		MARYLAND	
Date of death 190	3	Month 16	Day 18	Age 78	Years 78	Months 1	Days 10
Sex Male		Color or Race White		Birth- place Md			
Married, Single or Widowed				Occupation			
Name of Wife or Husband Annie R Rennie							
Father's Name		X X		64		Father's Birthplace X X	
Mother's Maiden Name		X X				Mother's Birthplace X X	
Name of person giving information Annie R Rennie				How related to deceased Wife			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	apoplexy	How long	1 hour
Immediate	same	How long	X X 1
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Nelson J. Long	
Address		37 E. Patrick St. Frederick Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

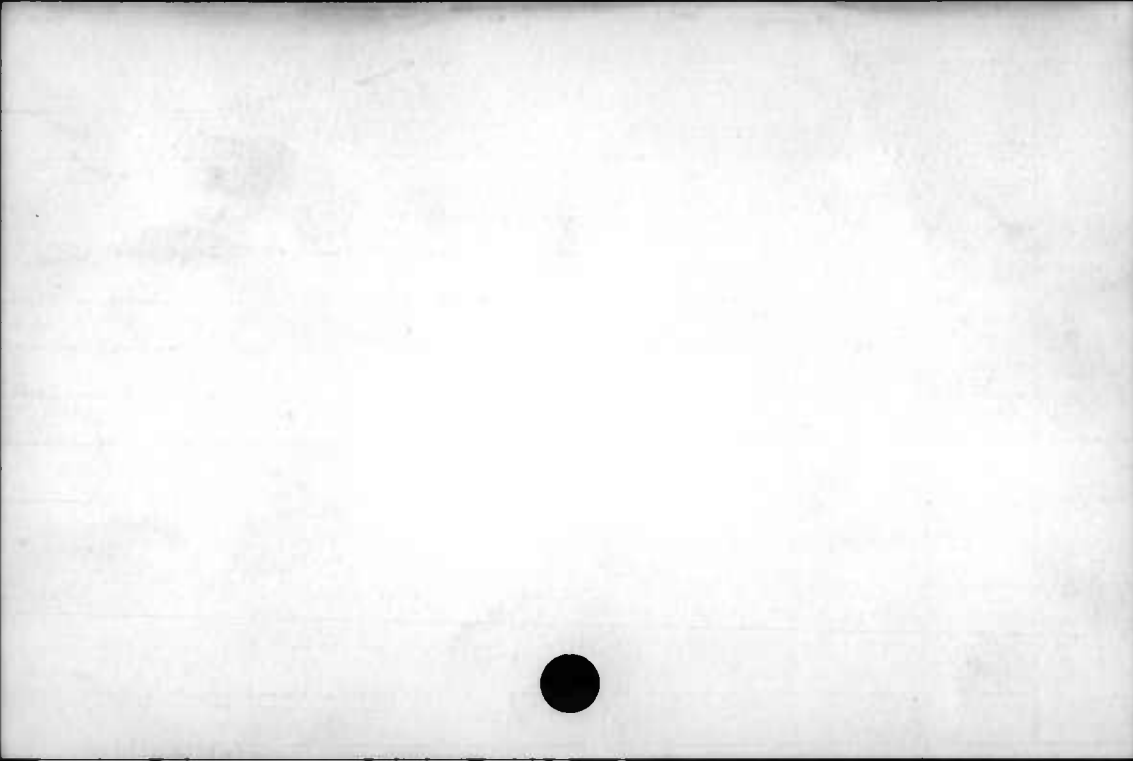
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Brunswick		County Blairstown		MARYLAND	
Date of death 1903		Month Oct-	Day 18	Age 19		Months	Days
Sex Male		Color or Race colored		Birth- place Md			
Married, Single or Widowed		Single		Occupation Laborer			
Name of Wife or Husband							
Father's Name James King Jr				Father's Birthplace Md			
Mother's Maiden Name Caroline V Jackson				Mother's Birthplace Md			
Name of person giving In formation Caroline V King				How related to deceased Mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate gun shot		How long 24 hours	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician A. G. Horine	
		Address Brunswick Md	
Accident or Suicide? accident			



Name in Full Margaret V. Kolb.		CERTIFICATE OF DEATH	
Died at Near Frederick ^{Town} Frederick ^{County}		MARYLAND	
Date of death 1903	Month Oct.	Day 29th	Age 4 Months 4 Days
Sex Female	Color or Race Caucasian	Birth-place Frederick Co Md.	
Married, Single or Widowed —		Occupation —	
Name of Wife or Husband —			
Father's Name Marion G. Kolb.		Father's Birthplace Md.	
Mother's Maiden Name Mary V. White		Mother's Birthplace Md.	
Name of person giving information Samuel Kolb.		How related to deceased Uncle	
CAUSES OF DEATH			
Primary	Acute Bronchitis		How long 2 weeks
Immediate	Cerebro Spinal Meningitis		How long 1 week
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Frank Hedychko	Address Frederick Md.
Accident or Suicide? —			



Name
in
Full

John Little

CERTIFICATE OF DEATH

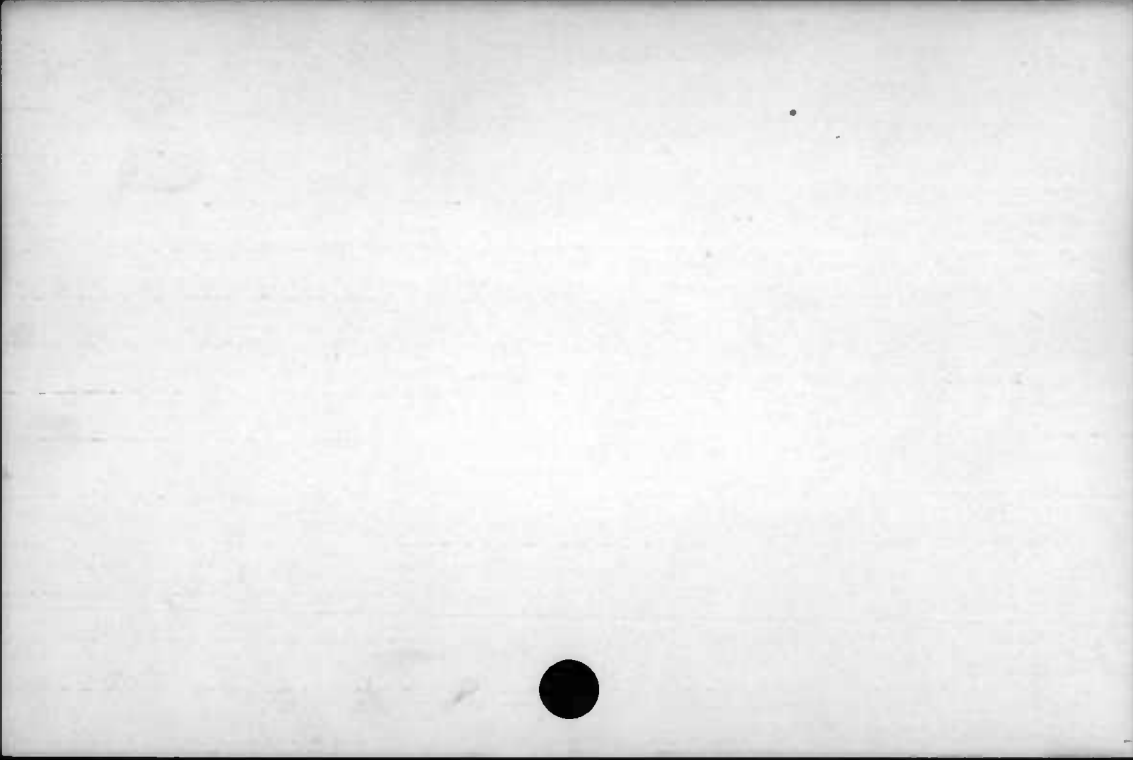
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Emmitsburg		County Frederick		MARYLAND	
Date of death 1903	Month Oct	Day 30th	Age 73	Years	Months	Days	
Sex Male	Color or Race White		Birth- place Maryland				
Married, Single or Widowed Married		Occupation Laborer					
Name of Wife or Husband Philomina O'Shick							
Father's Name Henry Little				Father's Birthplace Maryland			
Mother's Maiden Name Elizabeth Barry				Mother's Birthplace Maryland			
Name of person giving in formation Sherman Little				How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tubes Mesenterica	How long	Two weeks
Immediate	Dropsy Heart	How long	one week
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		John B. Brauer, M.D.	
Address		Emmitsburg, Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

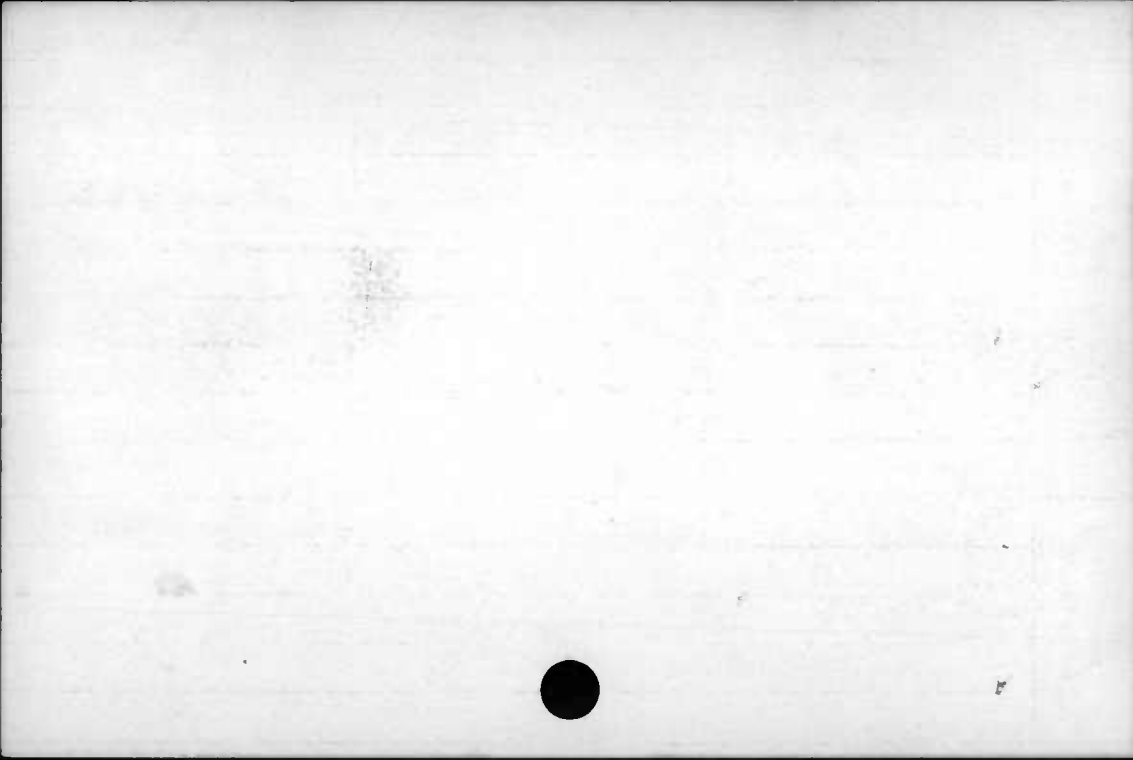
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Baltimore</i>		Town		County <i>Fredrick</i>		MARYLAND	
Date of death 190 <i>3</i>		Month <i>10</i>		Day <i>26</i>		Years <i>26</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Fredk, Co. Md</i>		Months	
Married, Single or Widowed <i>Single</i>		Occupation <i>Laborer</i>				Days	
Name of Wife or Husband							
Father's Name <i>Upton Little</i>		144		Father's Birthplace <i>Fredk, Co. Md</i>			
Mother's Maiden Name <i>Martha Dorsey</i>				Mother's Birthplace <i>Carol Co. Md</i>			
Name of person giving information <i>Upton Little</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>A fall resulting in Gluteal Abscess. 6 weeks.</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>Howard H. Hopkins Jr</i>
		Address <i>New Market</i>
Accident or Suicide?	<i>no</i>	<i>Maryland</i>



Loney

Died at *Town Frederick.* County *"* *MARYLAND*

Date *1903* Month *10* Day *24* Y. *—* M. *3.22* D. *md* Native of *md* Occupation *X*

~~Male~~ White Married Widow Divorced
Female ~~Colored~~ Single Widower Number of children living

Husband of *X*

Father's Name *Joseph Loney* Mother's Name *Louisa Mc Harrison*

Cause of Death { Primary *Diphtheria - Meningitis* How long sick *3 days*
Immediate *Exhaustion* Accident, Suicide, Homicide

Reported by *W. F. Goodhue. md*

Address

Name in Full

Certificate of Death

Allen Lussalbert

Town

County

Died at

MARYLAND

Date

1903

Month

Oct

Day

31

Y.

M.

D.

Native of

Occupation

Age

7

24

md

White

Married

Widow

Divorced

Female

G

Single

Widower

Number of children living

Husband
of
WifeFather's
Name

Harry G. Lussalbert

Mother's
Name

Elta Evers

Cause of

Primary

Chronic Intestinal Indigestion

How long sick

3 mos

Death

Immediate

Meningitis

Accident, Suicide, Homicide

Reported by

O. B. Moore

Address

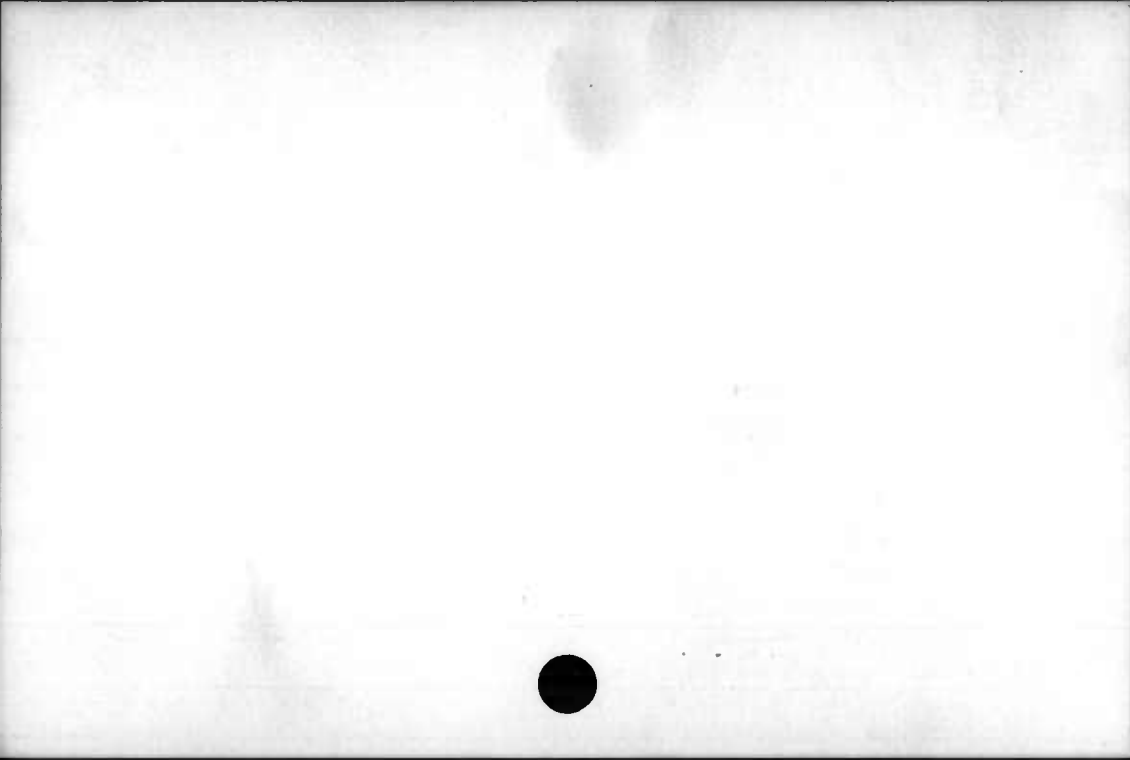
Liberty Town Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Fredericks</i> Town		<i>Fredericks</i> County		
		Date of death 190 <i>3</i>		Month <i>Oct</i>	Day <i>17</i>	Age <i>21</i> Years
		Sex <i>Female</i>		Color or Race <i>White</i>	Birth-place <i>Fredericks</i>	Months <i>1</i> Days
		Married, Single or Widowed <i>—</i>		Occupation		
		Name of Wife or Husband <i>—</i>				
		Father's Name <i>Harry O McLane</i>		Father's Birthplace <i>Fredericks Md</i>		
		Mother's Maiden Name <i>Georgiana Stull</i>		Mother's Birthplace <i>" "</i>		
		Name of person giving information <i>Georgiana Stull</i>		How related to deceased <i>mother</i>		
CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary <i>Tubercular meningitis</i>		How long <i>13¹ days.</i>		
		Immediate <i>Exhaustion & Paralysis</i>		How long		
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. E. McComas</i>		
				Address <i>Fredericks Md.</i>		
		Accident or Suicide?				



Name in Full

Certificate of Death

William F Mack

Town

County

Died at

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1903 Oct 1

Age

50

3

18

Ind

Cabinet maker and undertaker

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

6

Husband

of

Father's

Name

Mother's

Name

Cause of

Primary

Pulmonary Tuberculosis

How long sick about three years

Death

Immediate

General exhaustion

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66865



Name in Full		Town				County		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at		Frederick				MARYLAND					
		Date of death 1903		Oct.		13th		Age		Months 3		Days	
		Sex		Male		Color or Race		Black		Birth-place		Frederick	
		Married, Single or Widowed		Married		Occupation							
		Name of Wife or Husband											
		Father's Name				151		Father's Birthplace					
		Mother's Maiden Name		Grace Mahoney		Mother's Birthplace		Frederick					
		Name of person giving information		Mother		How related to deceased							
CAUSES OF DEATH													
PHYSICIAN OR CORONER		Primary		Marasmus				How long		3 mo.			
		Immediate		Double pneumonia				How long		3 days			
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Frederick Hedges					
				Address		Frederick							
		Accident or Suicide?											



Josiah R. Marken

Town

County

MARYLAND

Died at Frederick

Frederick

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Oct. 4

Age

78. - -

Wolfsville Md.

Retired

Male

White

Married

Widow

~~Divorced~~FemaleColoredSingleWidower

Number of children living

3

Husband of

Wife

Effie Rubman

Father's

Mother's

Name

John Marken

Maiden Name

Martha Recker

Cause of

Primary

Senility

How long sick

18 months

Death

Immediate

Cardiac Asthenia

~~Accident, Suicide, Homicide~~

Reported by

Lambert M. D.

Address

17 E 2nd St.

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.



Name
in
Full

Robert Nichols

CERTIFICATE OF DEATH

Died at *Montana Hospital Frederick* ^{Town} *Frederick* ^{County}

MARYLAND

Date of death 1903 ^{Month} *Oct* ^{Day} *29* ^{Years} *14* ^{Months} *—* ^{Days} *—*

Sex *Male* Color or Race *Black* Birth-place *Dorchester Co Md.*

~~Married, Single~~ *Single* Occupation *—*

Name of Wife or Husband *X*

Father's Name *X* *69.* Father's Birthplace *X*

Mother's Maiden Name *X* Mother's Birthplace *Y*

Name of person giving information *Oscar Cullen.* How related to deceased *Superintendent*

CAUSES OF DEATH

Primary *Epilepsy* How long *Unknown*
Coma How long *2 days*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *J. S. Hagnard.*

Address *17 Second St W.
Frederick Md.*

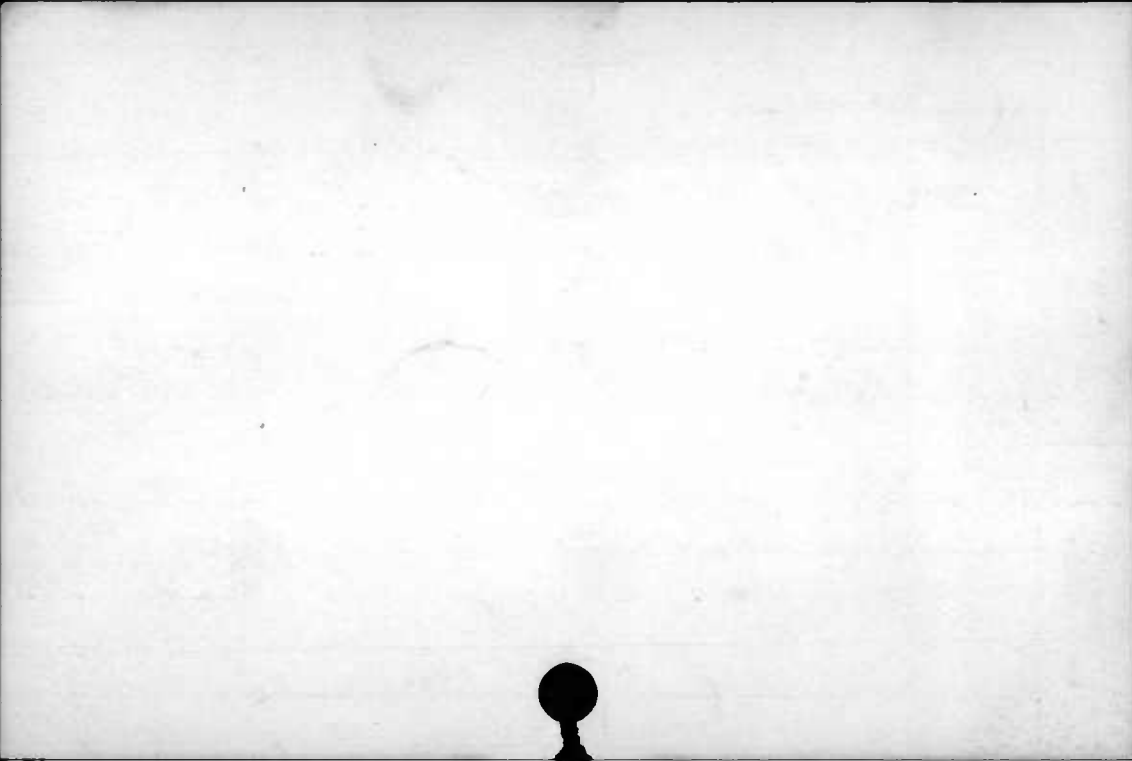
Accident or Suicide? *—*

TO BE ANSWERED BY
NEAREST FRIEND

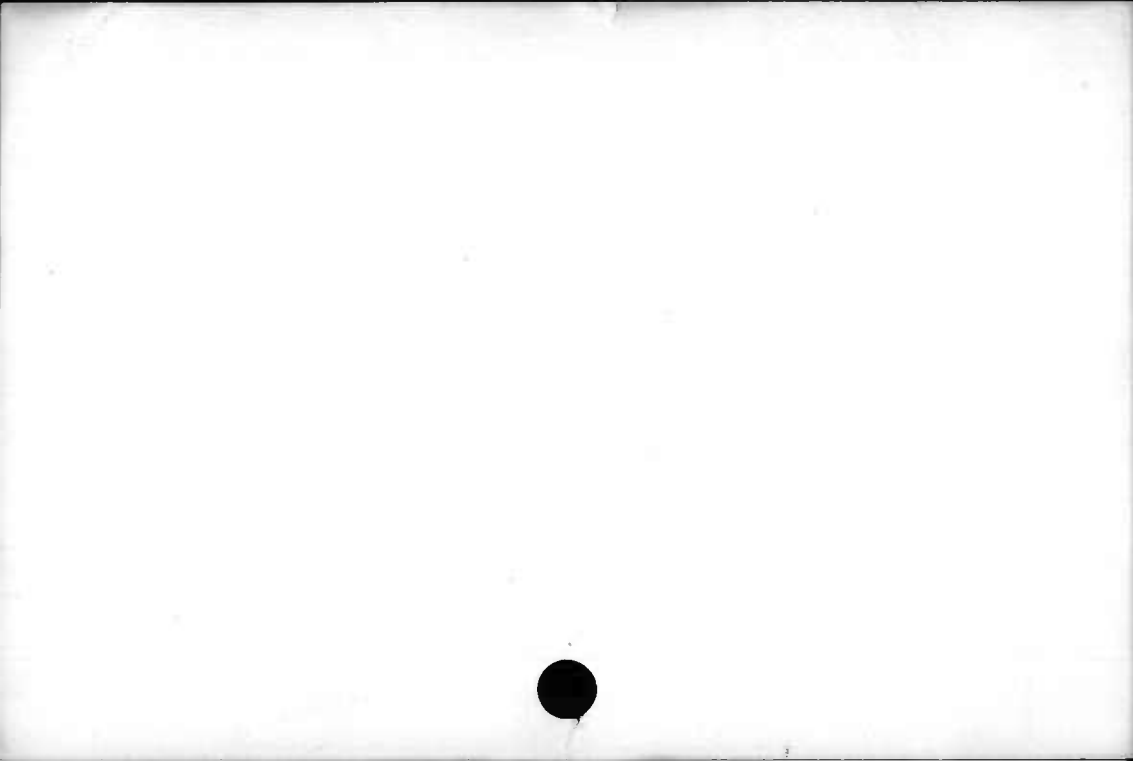
PHYSICIAN
OR CORONER



Name in Full		Mary E. Peters				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Johnsville		County Frederick		MARYLAND
	Date of death	1903	Month 10	Day 11	Age 81	Years 5	Months 4
	Sex	Female		Color or Race	white		Birth-place
	Married, Single or Widowed		Widowed		Occupation		
					House-keeper.		
	Name of wife or Husband		Lewis Peters				
	Father's Name		George Blossing			Father's Birthplace	
					Jefferson, Md.		
Mother's Maiden Name		Sarah Ott			Mother's Birthplace		Rocky Ridge
Name of person giving information		George Peters			How related to deceased		Son
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Heart disease			How long	
						Several years.	
	Immediate		Heart disease			How long	
						24 hours.	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Bra H. Beall, M.D.	
				Address		Libertytown, Md.	
Accident or Suicide?							



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Howville</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND
	Date of death 1903	Month <i>Oct</i>	Day <i>5-11</i>	Age <i>81</i> <small>Years</small>	Months <i>4</i> Days <i>14</i>
	Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>Maryland</i>		
	Married, Single or Widowed <i>Married</i>	Occupation <i>Farmer</i>			
	Name of Wife or Husband <i>Emma Dorothy Wolf</i> ✓				
	Father's Name <i>Peter Pryor</i>	Father's Birthplace <i>40</i>			
	Mother's Maiden Name <i>Mary Hays</i>	Mother's Birthplace <i>40</i>			
Name of person giving information <i>Wilson Pryor</i>			How related to deceased <i>Son</i>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Carcinoma of stomach</i>		How long <i>6 months</i>		
	Immediate		How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. C. Kefauver</i>		
			Address <i>Shirlington, Md.</i>		
Accident or Suicide?					



Name
in
Full

Anna J. Pumpfrey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near Litchfield</i>		County <i>Frederick</i>		MARYLAND	
Date of death 1903	Month <i>Oct</i>	Day <i>10</i>	Years <i>28</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth- place <i>Va</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>House work</i>			
Name of Wife or Husband <i>John W Pumpfrey</i>					
Father's Name <i>Wright</i>			Father's Birthplace <i>Va</i>		
Mother's Maiden Name <i>John W Pumpfrey</i>			Mother's Birthplace <i>Va</i>		
Name of person giving In formation <i>John W Pumpfrey</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Eclampsia</i>	How long	<i>6 hrs</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>T. Clyde Rouster</i>
		Address	<i>Buckeys town, Md</i>
Accident or Suicide?			



Name
in
Full

Susanna M. Rice.

CERTIFICATE OF DEATH

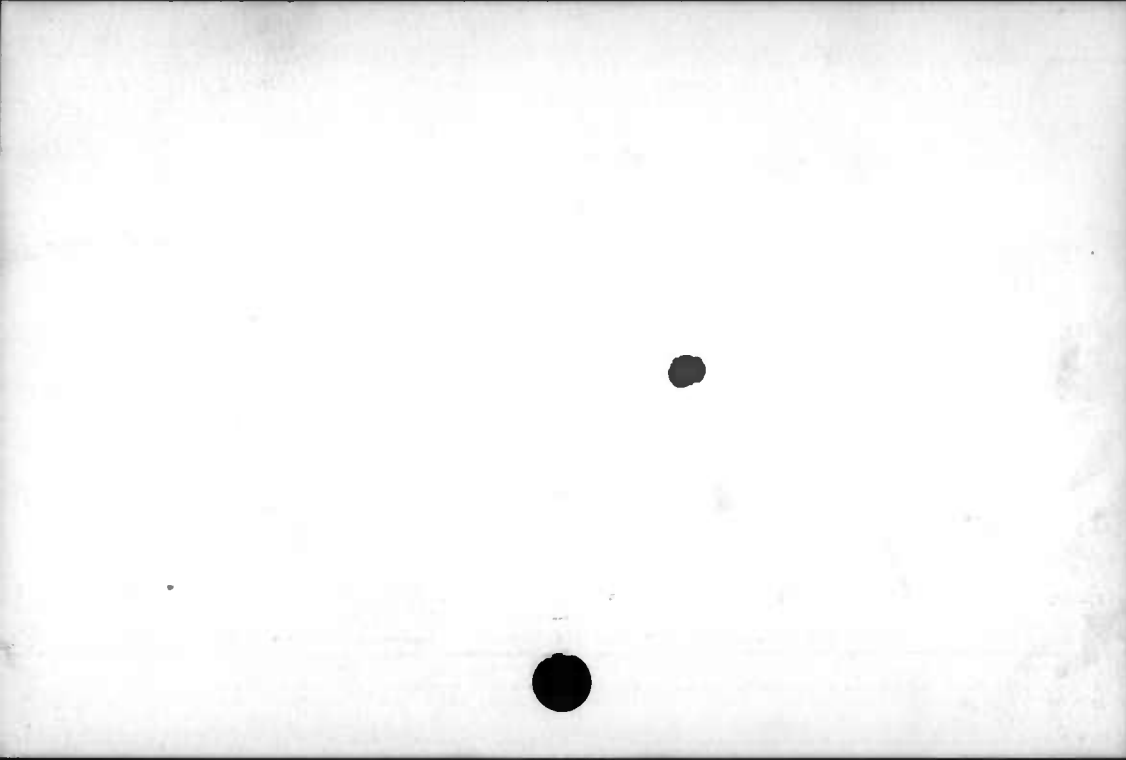
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Focadrick		County Focadrick		MARYLAND					
Date of death 1903		Month 10		Day 27		Age Years 66		Months 9		Days 21	
Sex Female		Color or Race White		Birth- place City							
Married, Single or Widowed		Single		Occupation domestic							
Name of Wife or Husband											
Father's Name		Grafton J. Rice						Father's Birthplace		City	
Mother's Maiden Name		Margaret Birney						Mother's Birthplace		"	
Name of person giving In formation		M. C. Rice						How related to deceased		Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		2 Interstitial Nephritis		How long Unknown	
Immediate		Uremia		How long 2 days	
Are the name, age, sex, color, date and place correctly given above?		yes.		Signature of Physician Sabner M.D.	
				Address 17 E 2nd St.	
Accident or Suicide?		—			



Name In Full

Certificate of Death

Mary Catharine Roberts

Town

County

Died at

Lemontown

Frederick

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Oct

1

Age

72 - 6 - 8

Maryland

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

5

Husband

of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Michael Roberts
JacksonMother's
Maiden Name Marys Catharine Jackson

Primary

Immediate

How long sick

Accident, Suicide, Homicide

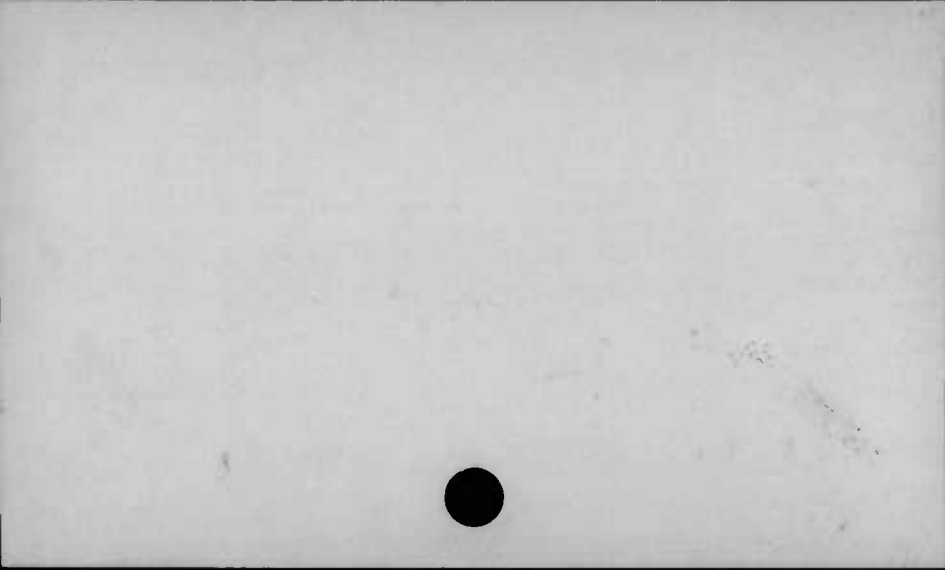
Cancer of stomach

E. M. H. H.

Lemontown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name In Full

Certificate of Death

J. C. Rudy

Town

County

Died at Middle town

Frederick

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1903	Oct	2	66	8	10	Ind	Merchant
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower			Number of children living	5

Husband of

Father's

Name

Hanson J Rudy

Mother's

Name

Aure Catharine Shaffer

Cause of

Primary

Cerebral hemorrhage

How long sick

7 days

Death

Immediate

Paralysis

~~Accident, Suicide, Homicide~~

Reported by

E L Beckley M.D.

Address

Middle town Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

H C Lute -
undertaker

Name
in
Full

Barbara Ann Seadden

CERTIFICATE OF DEATH

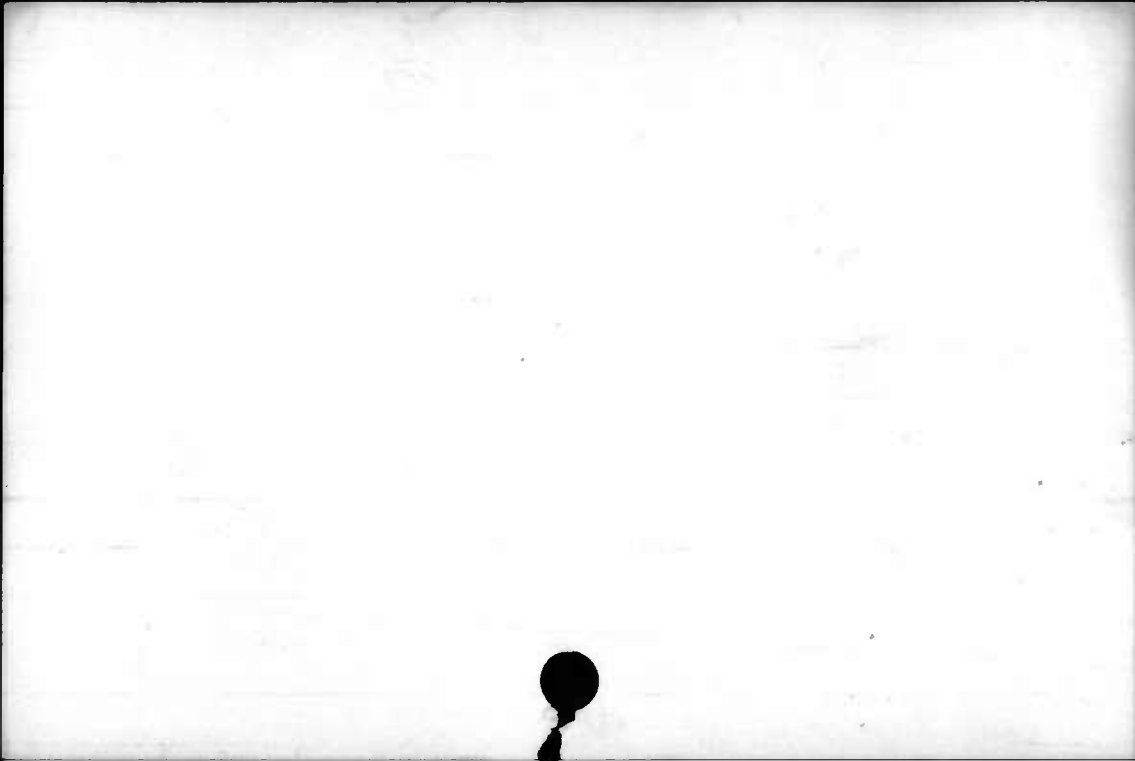
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Pleasant-Walk		County Frederick		MARYLAND	
Date of death 1903	Month Oct-	Day 5	Age	Years 65	Months	Days	
Sex	Female		Color or Race	White		Birth- place	Wolforville
Married, Single or Widowed	Married			Occupation			
Name of Wife or Husband	Barbara Seadden						
Father's Name	Henry Smith				Father's Birthplace	Wolfsville	
Mother's Maiden Name	Heats Swope				Mother's Birthplace	do.	
Name of person giving In formation	John Seadden				How related to deceased	Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Valvular Disease of Heart-		How long	3 years
Immediate	"	"	How long	"
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	
Yes.			W. B. Wheeler & Son, W. C. W.	
			Address	
			Boonsboro Washington	
Accident or Suicide?			Maryland	



Name
in
Full

David Luther Schaffer

CERTIFICATE OF DEATH

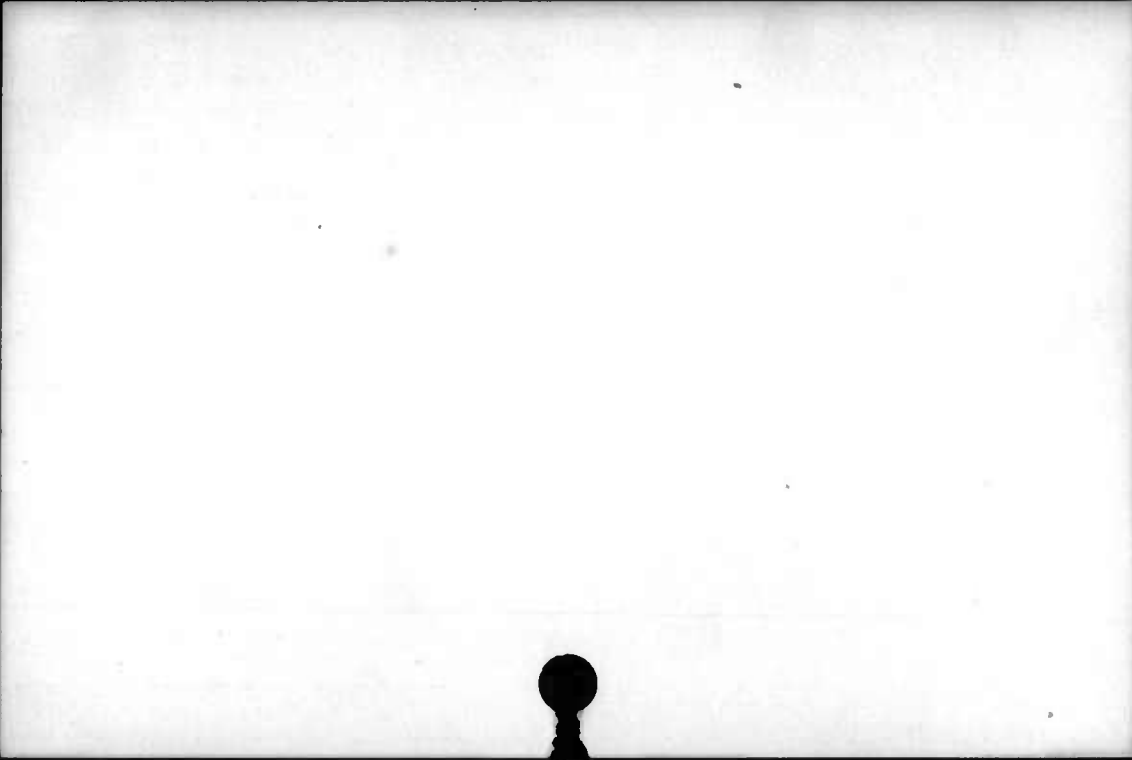
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Fredrick</i>		County <i>Fredrick</i>		MARYLAND	
Date of death 190	3	Month <i>Oct</i>	Day <i>16</i>	Age <i>71</i>	Years	Months <i>7</i>	Days <i>28</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Fredrick County</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Retired Farmer</i>					
Name of Wife or Husband <i>Eliza Ann Thomas</i>							
Father's Name <i>Adam Schaffer</i>		Father's Birthplace <i>Ind Co Ind</i>					
Mother's Maiden Name <i>Elizabeth Renu</i>		Mother's Birthplace <i>" "</i>					
Name of person giving In formation <i>Mrs Eliza Ann Schaffer</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long
Immediate <i>"</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. H. McCarroll</i>
	Address <i>Fredrick Md</i>
Accident or Suicide?	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

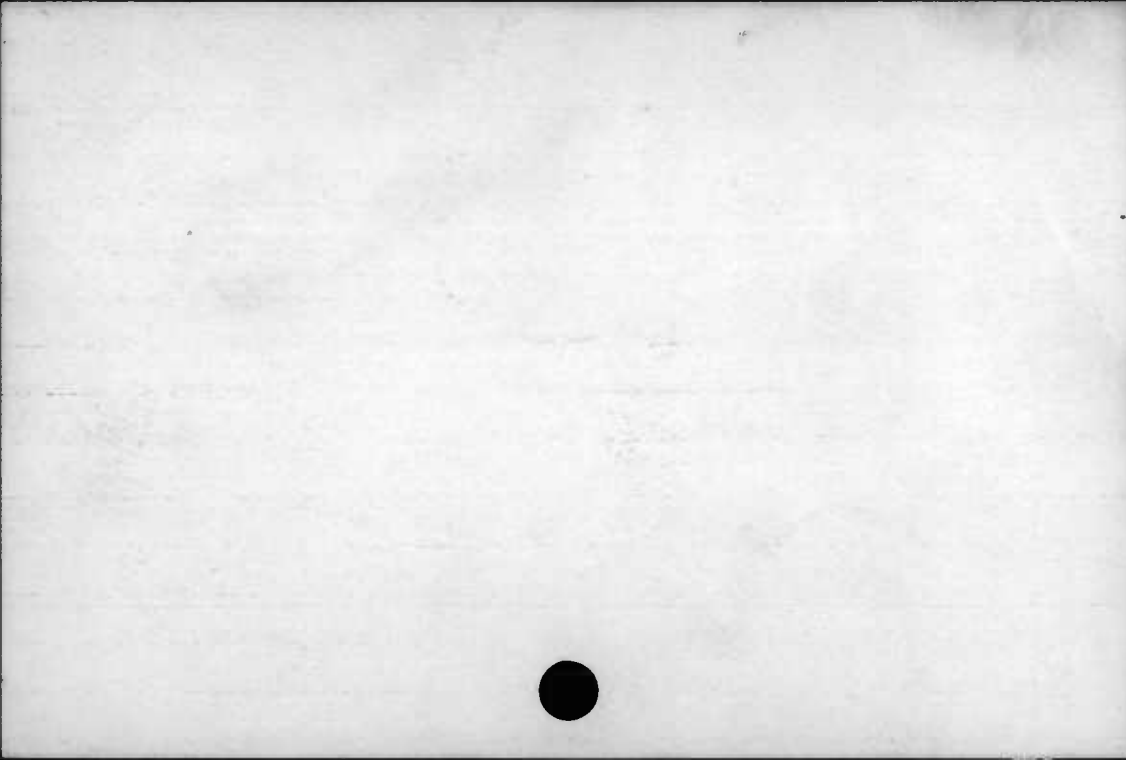
Died at *Emmitsburg* ^{Town} *Frederick* ^{County}Date of death 190 *3* Month *11* Day *8* Age *37* Years Months *7* DaysSex *Female* Color or Race *White* Birth-place *Emmitsburg*Married, Single or Widowed *Married* Occupation *Housekeeper*Name of Wife or Husband *James Seltzer*Father's Name *John Gordon*Father's Birthplace *Ireland*Mother's Maiden Name *Catherine Wagner*Mother's Birthplace *Emmitsburg*Name of person giving information *James Seltzer*How related to deceased *Husband*

CAUSES OF DEATH

Primary *Child Birth*How long *Two days*Immediate *Exhaustion*How long *Immediate*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *John B Branner M.D.*Address *Emmitsburg, Md.*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

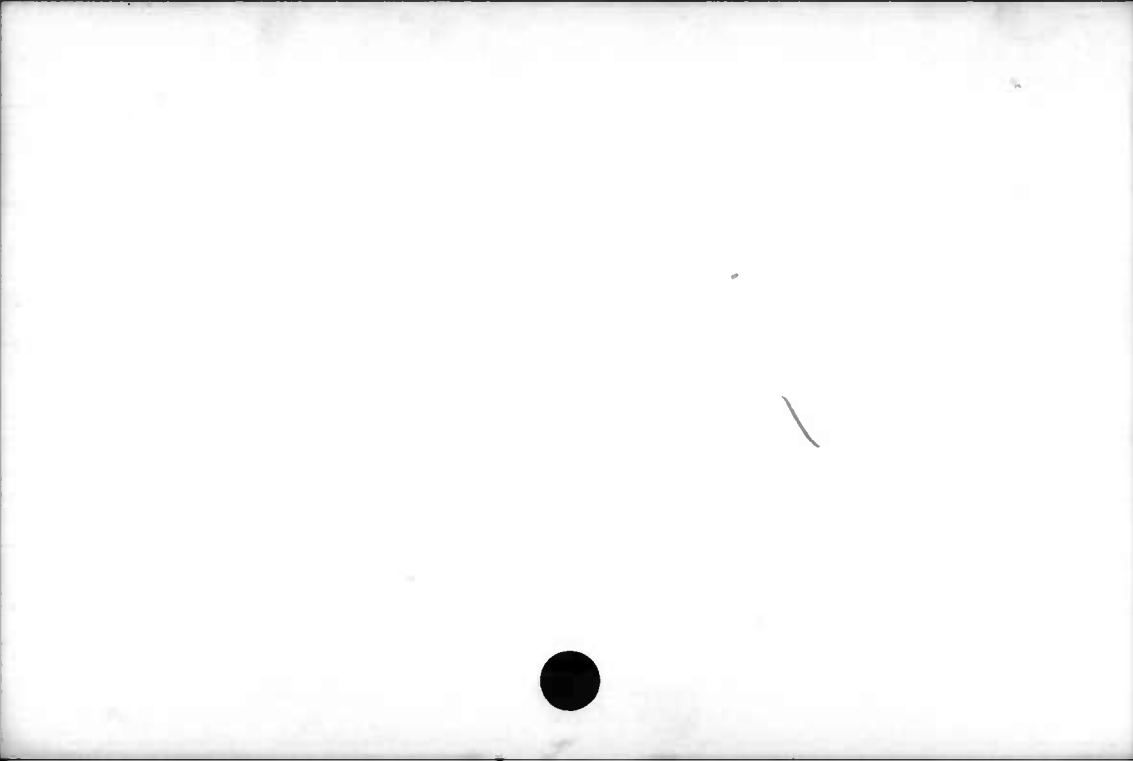
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Buckittsville</i> <i>Frederick</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>10</i>	Day <i>15</i>	Age <i>61</i>
Months <i>4</i>	Days <i>2</i>		
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>	
Married, Single or Widowed <i>Married</i>	Occupation <i>Retired from U.S. Service</i>		
Name of Wife or Husband <i>Anne Slifer</i>			
Father's Name <i>Engamel Slifer</i>	Father's Birthplace <i>MD</i>		
Mother's Maiden Name <i>Sarah Bisher</i>	Mother's Birthplace <i>MD</i>		
Name of person giving information <i>Frank Slifer</i>	How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Muscular Wasting</i>	How long <i>Indefinite</i>
Immediate <i>Uremia</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>George F. [Signature]</i>
	Address <i>Buckittsville Md.</i>
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

Male Infant of Josephine Smith

Town

County

Died at

Frederick

Frederick

MARYLAND

Date

of death 1903

Month

10

Day

22

Age

Years

—

Months

—

Days

1

Sex

Male

Color or
Race

Black

Birth-
place

City

Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
Name

Henshaw

Father's
BirthplaceMother's
Maiden Name

Josephine Smith

Mother's
Birthplace

Md

Name of person giving
Information

Josephine Smith

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Premature Birth.

How long

—

Immediate

Exhaustion

How long

—

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

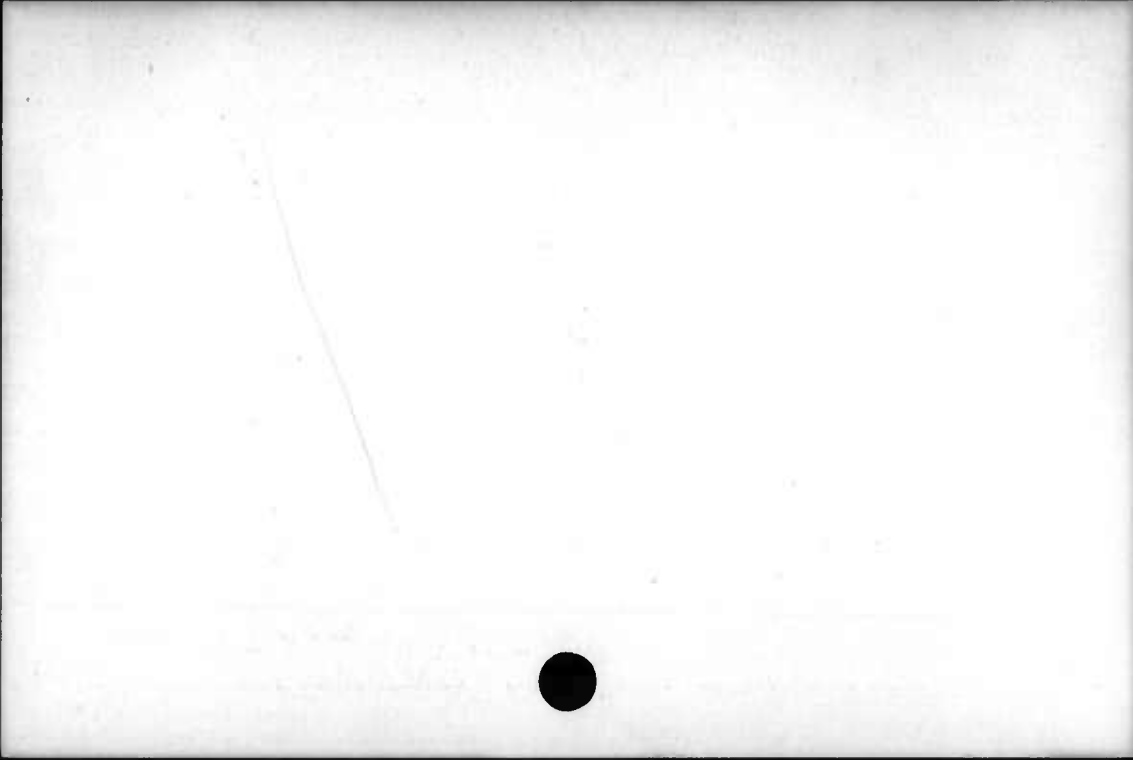
None in Attendance

Address

A. T. Price & Sons

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Sarah Ann Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near Ladiesburg</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death <i>1903</i>	<i>Oct.</i> <small>Month</small>	<i>10</i> <small>Day</small>	Age <i>75</i> <small>Years</small>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Fredk Co. Md.</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>				
Name of Wife or Husband <i>Solomon S. Smith</i>					
Father's Name <i>William Fogle</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Solomon S. Smith</i>			How related to deceased <i>husband -</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>24 hours</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John L. Liggot, M. D.</i>
	Address <i>Ladiesburg, Fredk Co. Md.</i>
Accident or Suicide?	



Bertie Elizabeth Speak
 Town *Lehigh* County *Frederick Co.* MARYLAND

Died at *Lehigh* Month *Oct.* Day *28* Y. *3* M. *1* D. *2* Native of *Ind* Occupation *✓*

Date 19*03* Age *3-1-2* *Ind*

Male ☒ White ☒ Married ☒ Widowed ☒ Divorced ☒
 Female ☐ Colored ☐ Single ☐ Dowry ☐ Number of children living *1*

Husband of *✓*
 Wife *✓*

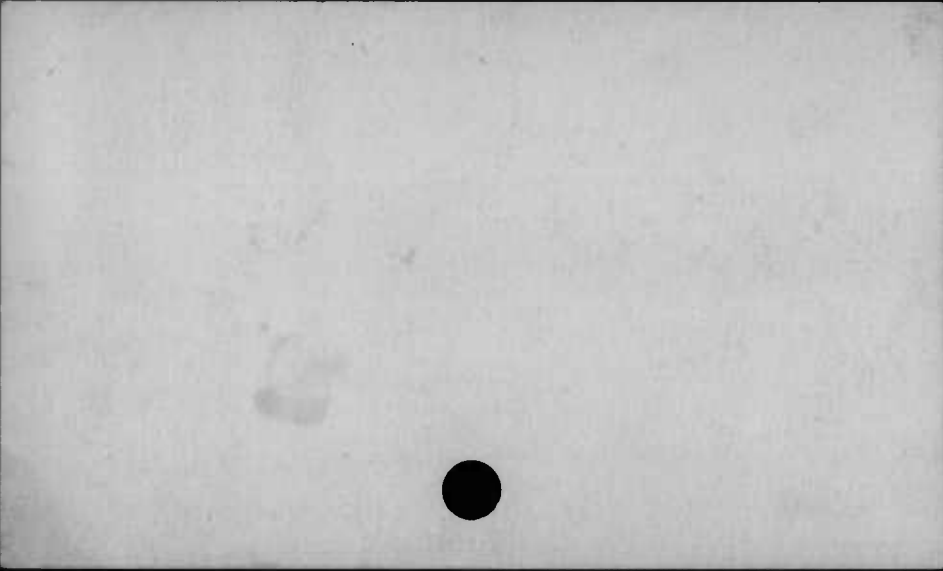
Father's Name *Oscar A. Speak* Mother's Maiden Name *Rosa Catherine Rutherford*

Cause of Death { Primary *Capillary Bronchitis* How long sick *6 days*
 Immediate *Asphyxia from imperfect Oxygenation of blood* Accident, Suicide, Homicide

Reported by *C. A. Stultz M.D.*

Address *Woodsharod Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Gloyd Streams

Town

County

Died at

Brooksville Frederick

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

189 1903 Oct 11 Age 84 and Laborer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Six

Husband

of

Amanda Geer's 154

Wife

Father's

Mother's

Name

Name

Cause of

Primary

How long sick

3 weeks

Death

Immediate

Old age

Accident, Suicide, Homicide

Reported by

L. H. Hume & B. B.

Address

Bumwick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, GEORGE

No Dr in Attendance

Information received
from John Streams
Lloyd Streams
Son.

Sarah Catherine Summers.

Town

County

Died at

Harmony,

Fredrick

MARYLAND

Date 1903

Month

Day

10 - 20

Y.

M.

D.

Age *53 - 5 - -*

Native of

Md.

Occupation

Housewife

~~Male~~

White

Married

~~Widow~~

~~Divorced~~

Female

~~Colored~~

~~Single~~

~~Widower~~

Number of children living

7

Husband

of

Martin L. Summers.

Wife

Father's

Name

Enos P. Phipps

Mother's

Maiden Name

Mary G. Ashill

Cause of

Primary

Chronic Nephritis

How long sick

10 yrs.

Death

Immediate

~~Accident, Suicide, Homicide~~

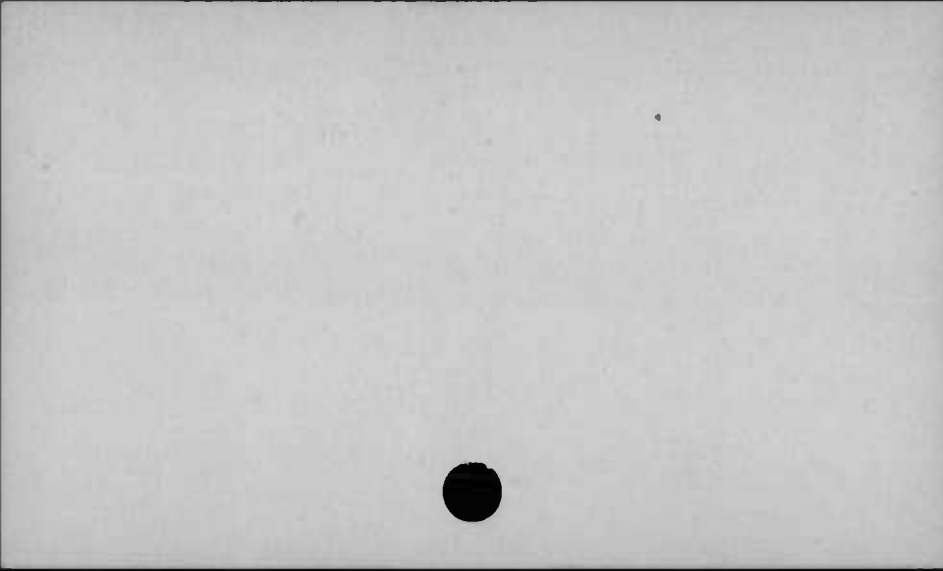
Reported by

Ralph Browning

Address

Myersville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		6 Charles Tall				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Frederick		County Frederick		MARYLAND	
	Date of death 190	3	Month 10th	Day 29th	Age 30	Months	Days
	Sex	male		Color or Race colored	Birth-place Frederick		
	Married, Single or Widowed	married		Occupation Barber			
	Name of Wife or Husband	Annie Tall					
	Father's Name	George Tall				Father's Birthplace	Frederick
	Mother's Maiden Name	Harriette Tall				Mother's Birthplace	"
Name of person giving information	George Tall				How related to deceased	Father	
<div>CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	Tuberculosis				How long	About 6 mo.
	Immediate	Cardiac Asthenia				How long	Two days
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	Dr. W. F. Broun
						Address	Frederick Md.
	Accident or Suicide?						



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>
	Date of death 190 <i>13</i>		Month <i>Oct</i>	Day <i>13</i>	Age <i>8</i>
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Frederick</i>
	Married, Single or Widowed		Occupation		
	Name of Wife or Husband				
	Father's Name <i>Samuel B. Thomas</i>			Father's Birthplace	
	Mother's Maiden Name <i>Anna Worman</i>			Mother's Birthplace	
	Name of person giving information			How related to deceased	
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Apoplexy</i>			How long <i>6</i>	
	Immediate <i>Exploration</i>			How long	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <i>W. M. Thomas</i>	
				Address <i>Frederick Md</i>	
	Accident or Suicide?				



Name

in Full

A. Joseph - Topper

CERTIFICATE OF DEATH

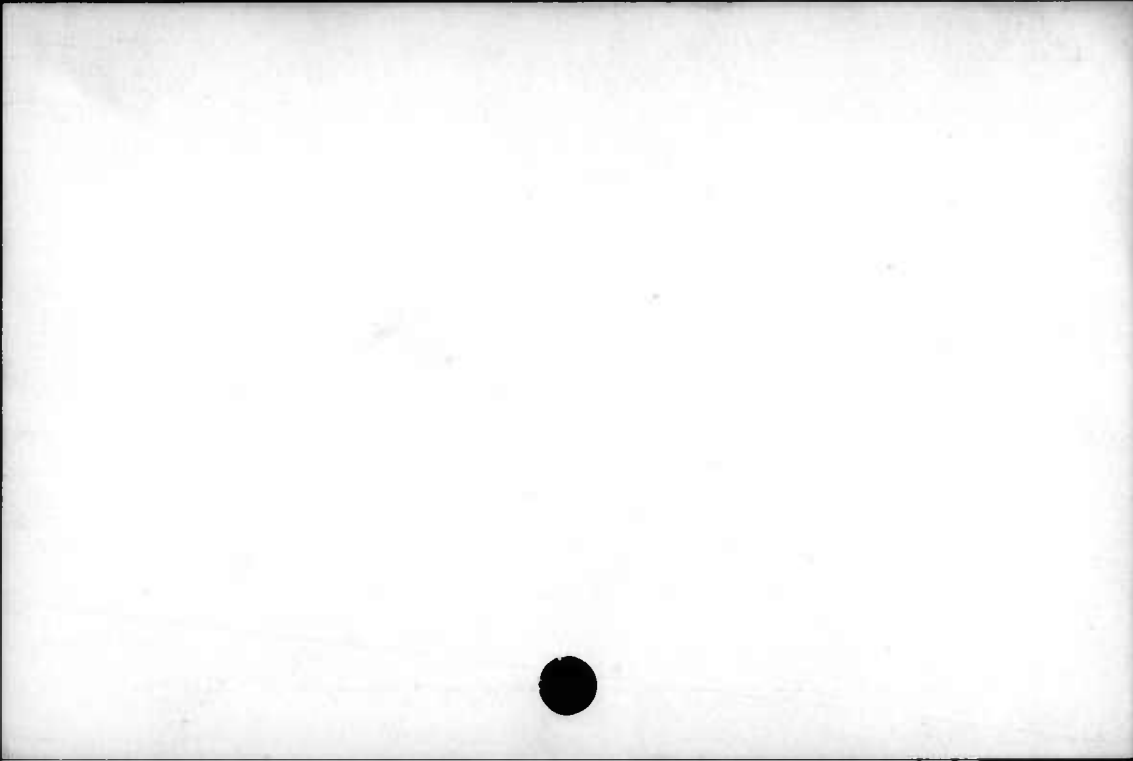
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Indenuech</u> Town		<u>Indenuech</u> County		MARYLAND	
Date of death 1903	Month <u>10</u>	Day <u>24</u>	Age <u>35</u> Years	Months <u>6</u>	Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Indenuech</u>		
Married, Single or Widowed <u>Single</u>			Occupation		
Name of Wife or Husband <u>X</u>					
Father's Name <u>Joseph Topper</u> / 20			Father's Birthplace <u>Emmitsburg</u>		
Mother's Maiden Name <u>Ann Taylor</u>			Mother's Birthplace <u>Ireland</u>		
Name of person giving information <u>Mr Schröder</u>			How related to deceased <u>None</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Uræmia -</u>	How long <u>24 hr</u>
Immediate <u>Apoplexy</u>	How long <u>10 hr</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Samuel Buchanan</u>
	Address <u>Indenuech Md</u>
Accident or Suicide? <u></u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDJacob J Tappan
Died at *Emmitsburg* ^{Town}*Frederick* ^{County}

MARYLAND

Date of death 1903 *Oct* ^{Month} *9th* ^{Day} Age *65* ^{Years} *2* ^{Months} *29* ^{Days}Sex *Male* Color or Race *White* Birth-place *Maryland*Married, Single or Widowed *Widower* Occupation *Farmer*

Name of Wife or Husband

Father's Name *John Tappan* *14*

Father's Birthplace

Mother's Maiden Name *Martha Saunders*

Mother's Birthplace

Name of person giving information *J Tappan*How related to deceased *Son*

CAUSES OF DEATH

Primary *Congestion of the Brain*How long *4 or 5 days*Immediate *Paralysis*

How long

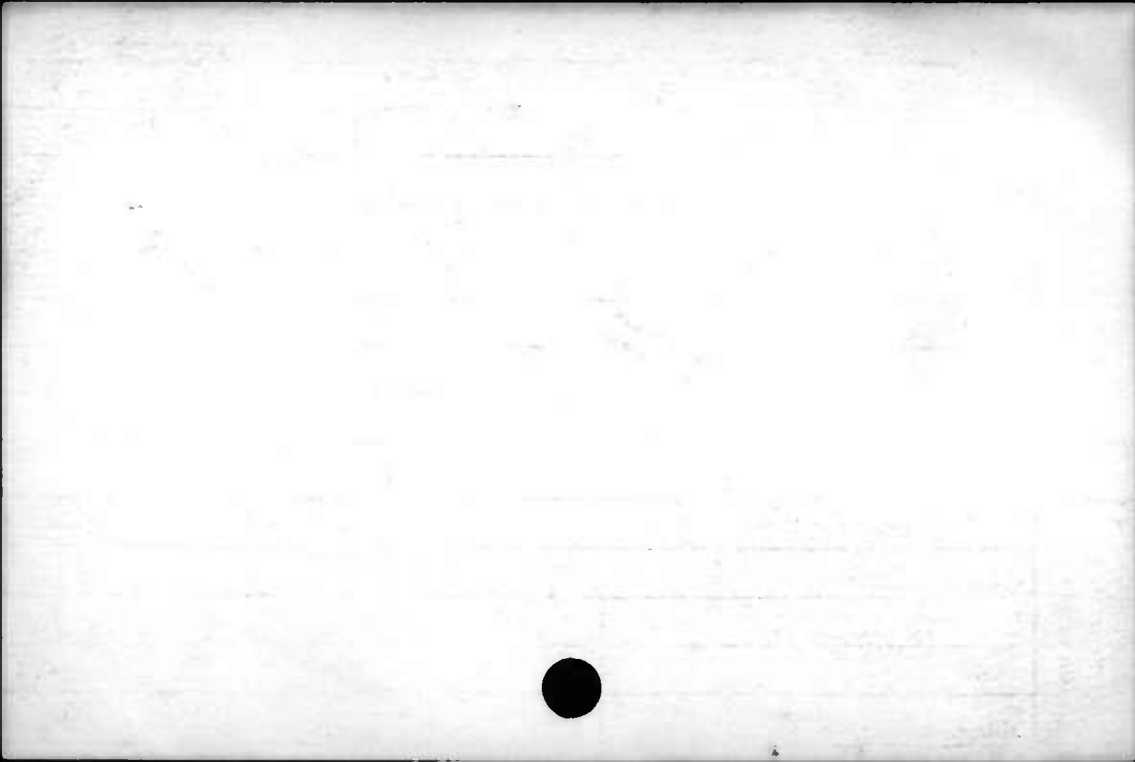
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Robert L. Arman

Address

*Emmitsburg Md*PHYSICIAN
OR CORONER



Name
in
Full

Unknown

28

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190	3	Month	October	Day	19 th	Age	Years
Sex	Male		Color or Race	White		Birth-place	
Married, Single or Widowed	don't know		Occupation				
Name of Wife or Husband	"		"		166.		
Father's Name	"		"		Father's Birthplace	Unknown	
Mother's Maiden Name	"		"		Mother's Birthplace	"	
Name of person giving information	Mr		Sprigg		How related to deceased	"	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Killed By Locomotive		How long
Immediate	Accidental		How long
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician
			Address
Accident or Suicide?	Acciden		

Undertaker
Falconer Bros
New Market
Md.



Name in Full

Gert Sylvester Wichter

Town

County

MARYLAND

Died at

Charlottesville

Fred K

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

10 27

Age

3 0 7

Ind.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Martin L Wichter

Mother's

Maiden Name

Florence V Belle

Cause of

Primary

How long sick

Death

Immediate

Scalded 167

Accident, Suicide, Homicide

Reported by

E. S. Neighloun

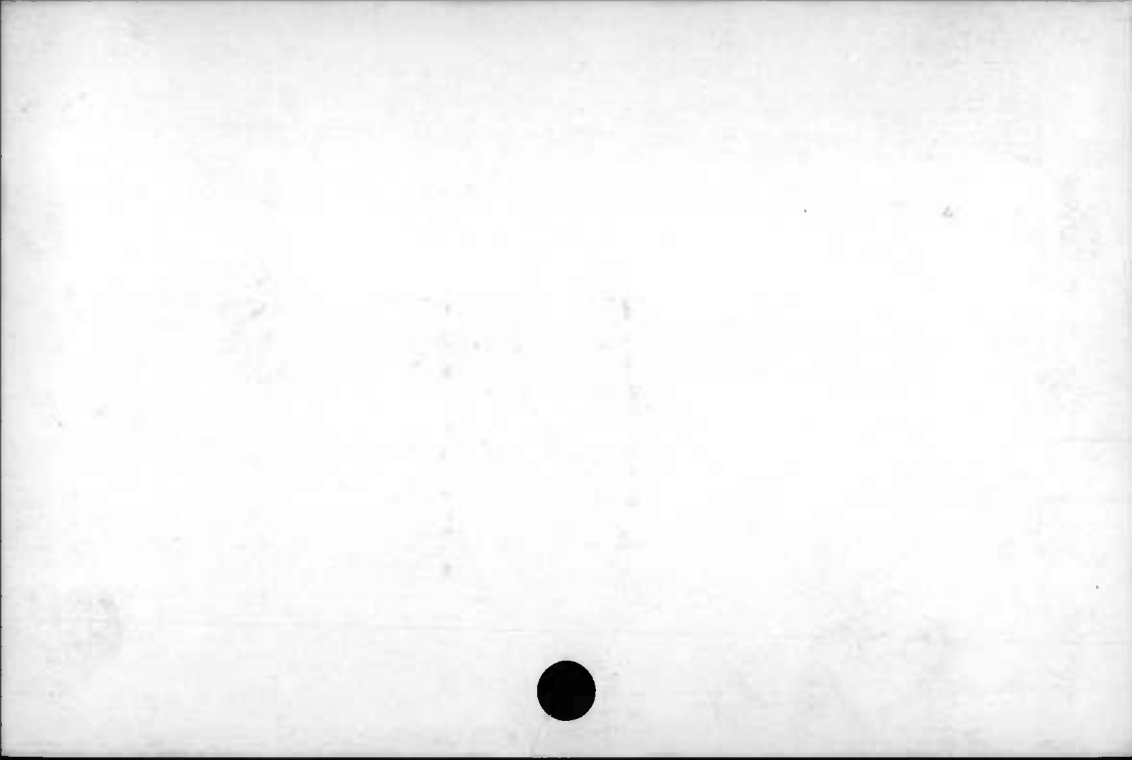
Address

Lewistown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full Susan Wolfe		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at ^{Town} near Ellenton ^{County} Fredricks		MARYLAND
	Date of death 190 3	Month oct	Day 26
	Age 84		Months 3
	Days 22		
	Sex Female	Color or Race white	Birth-place
	Married, Single or Widowed widowed	Occupation Housewife	
	Name of Wife or Husband		
Father's Name Peter Grossmickle	Father's Birthplace		
Mother's Maiden Name Hannah Grossmickle	Mother's Birthplace		
Name of person giving information Mrs. C. H. Grossmickle	How related to deceased Niece		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary		How long
	Immediate Paralysis		How long 2 days
	Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician A. J. Smith
			Address Wolfsville Md
	Accident or Suicide?		



Name
in
Full

David Christian Wuehner -

CERTIFICATE OF DEATH

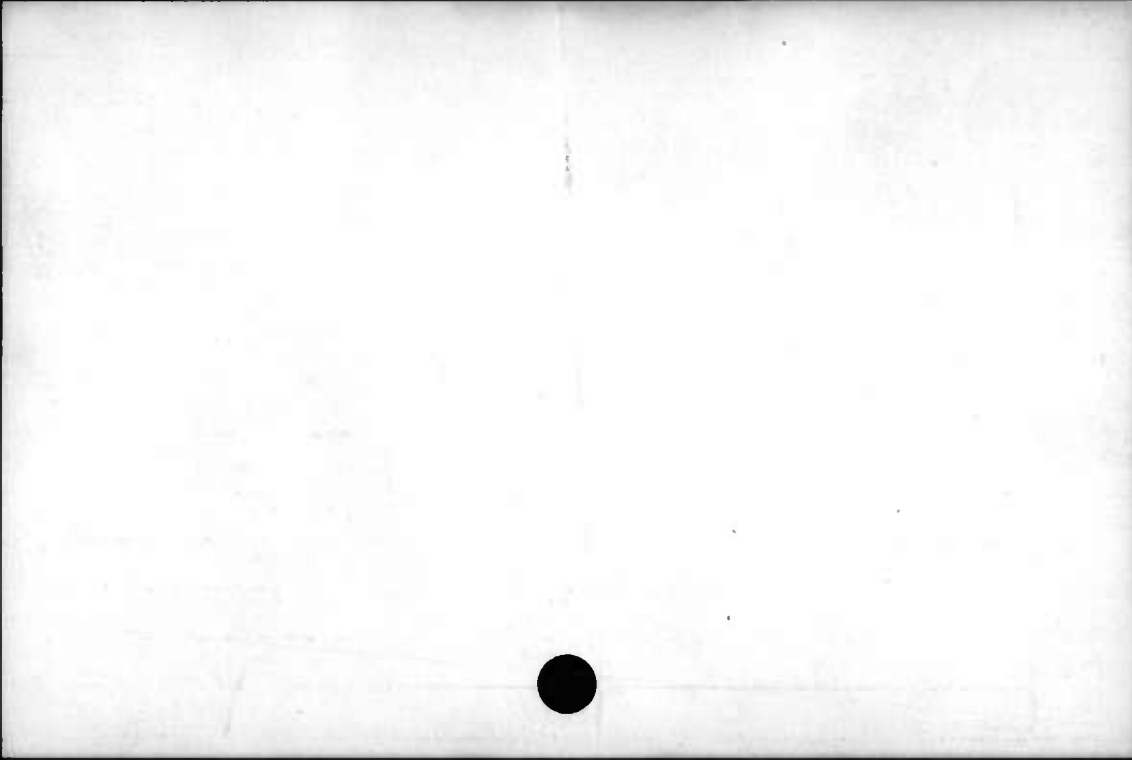
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frederick City		County Frederick		MARYLAND	
Date of death 190	3	Month 10	Day 10	Age 68	Years	Months 11	Days 28
Sex	Male		Color or Race	White		Birth- place	Co
Married, Single or Widowed				Widower		Occupation Merchant	
Name of Wife or Husband x							
Father's Name				Christian Wuehner		Father's Birthplace Co	
Mother's Maiden Name				Cramer		Mother's Birthplace Co	
Name of person giving information				Dr. F. B. Smith		How related to deceased nephew	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Apoplexy -		How long	Acute
Immediate	x		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician Franklin Budman, M.D.	
			Address City	
Accident or Suicide?				



Name
in
Full

William Henry Zingling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near Ladiesburg</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Oct.</i>	Day <i>29</i>	Age <i>77</i>	Months <i>10</i>	Days <i>11</i>
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Uniontown Carroll Co., Md.</i>		
Married <i>Yes</i> Never			Occupation <i>Miller.</i>		
Name of Wife or Husband <i>Louisa Zingling</i>					
Father's Name				64 Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information <i>Louisa Zingling</i>				How related to deceased <i>wife</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paralysis from cerebral hemorrhage</i>	How long	<i>11 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>John I. Liggett, M.D.</i>	
		Address	
Accident or Suicide?			

